

Patient Name _____ DOB _____ Date _____

Referring Doctor _____ Surgeon Spencer Khachikian Jorgensen _____

Surgery Date OD _____ OS _____ Procedure Cat. Extract.+ IOL Phakic IOL LRI Other: _____

IOL Single Vision Monovision (Near OD OS) Multifocal Accommodating Toric

FINDINGS:

Patient Satisfaction Happy Unhappy Comments _____

Current Eye Meds _____

RIGHT EYE

VAsc (Distance) 20/ _____ VAsc (Near) 20/ _____

MR _____ +/- _____ x _____ 20/ _____

IOP _____

SLIT LAMP EXAM:

Wound Intact _____

Cornea Clear _____

Axis of LRI Center _____

A/C D&Q _____

IOL Centered _____

Axis (If Toric) _____

PC Clear _____

Macula Normal _____

Fundus Normal _____

MEDICATION PLAN:

Med _____ Dose _____

Med _____ Dose _____

Med _____ Dose _____

Doctor Comments _____

Eye Institute follow-up with patient recommended Yes No

Next Visit _____ Referring Doctor Signature _____

LEFT EYE

VAsc (Distance) 20/ _____ VAsc (Near) 20/ _____

MR _____ +/- _____ x _____ 20/ _____

IOP _____

SLIT LAMP EXAM:

Wound Intact _____

Cornea Clear _____

Axis of LRI Center _____

A/C D&Q _____

IOL Centered _____

Axis (If Toric) _____

PC Clear _____

Macula Normal _____

Fundus Normal _____

MEDICATION PLAN:

Med _____ Dose _____

Med _____ Dose _____

Med _____ Dose _____