

TODAY'S DATE \_\_\_\_\_  
 PATIENT NAME \_\_\_\_\_  
 DOB \_\_\_\_\_

**SURGERY DATE**  
 RT \_\_\_\_\_  
 LT \_\_\_\_\_

**OPERATING SURGEON**  
 Paul F. Cacchillo, MD       Richard B. Rich, MD  
 Anthony J. Lombardo, MD, PhD       Kevin L. Waltz, OD, MD  
 Michael G. Orr, MD

**SUBJECTIVE**

Pleased with improved visual function       No complaints       Nausea or vomiting  
 Eye discomfort or pain       Vision getting worse       Other \_\_\_\_\_

**EYE MEDICATIONS**

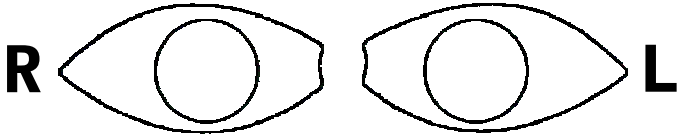
RT  Vigamox QID       EconoPred QID       \_\_\_\_\_  
 LT  Vigamox QID       EconoPred QID       \_\_\_\_\_

**OBJECTIVE**

<b>V<sub>s</sub>c</b>	<b>IOP</b>	<b>NEAR VA</b>	<b>REFRACTION</b>
RT 20 / _____	RT _____ mmHg	RT J _____	RT _____ 20/ _____
LT 20 / _____	LT _____ mmHg	LT J _____	LT _____ 20/ _____

<b>LIDS</b>	<b>CONJUNCTIVA</b>	<b>CORNEA</b>	<b>ANTERIOR CHAMBER</b>	<b>IRIS</b>
RT LT	RT LT	RT LT	RT LT	RT LT
<input type="checkbox"/> <input type="checkbox"/> unchanged	<input type="checkbox"/> <input type="checkbox"/> white	<input type="checkbox"/> <input type="checkbox"/> clear	<input type="checkbox"/> <input type="checkbox"/> quiet, deep	<input type="checkbox"/> <input type="checkbox"/> pupil round
<input type="checkbox"/> <input type="checkbox"/> normal	<input type="checkbox"/> <input type="checkbox"/> injection	<input type="checkbox"/> <input type="checkbox"/> folds	<input type="checkbox"/> <input type="checkbox"/> mild debris	<input type="checkbox"/> <input type="checkbox"/> iris atrophy
<input type="checkbox"/> <input type="checkbox"/> ptosis	<input type="checkbox"/> <input type="checkbox"/> subconj hemorrhage	<input type="checkbox"/> <input type="checkbox"/> edema	<input type="checkbox"/> <input type="checkbox"/> cell & flare	<input type="checkbox"/> <input type="checkbox"/> iridectomy
<input type="checkbox"/> <input type="checkbox"/> other	<input type="checkbox"/> <input type="checkbox"/> chemosis	<input type="checkbox"/> <input type="checkbox"/> other	<input type="checkbox"/> <input type="checkbox"/> other	<input type="checkbox"/> <input type="checkbox"/> unchanged

<b>IOL</b>	<b>POSTERIOR CAPSULE</b>	<b>ANTERIOR VITREOUS</b>	<b>RETINA</b>
RT LT	RT LT	RT LT	RT LT
<input type="checkbox"/> <input type="checkbox"/> centered & normal	<input type="checkbox"/> <input type="checkbox"/> clear	<input type="checkbox"/> <input type="checkbox"/> clear	<input type="checkbox"/> <input type="checkbox"/> unchanged
<input type="checkbox"/> <input type="checkbox"/> other	<input type="checkbox"/> <input type="checkbox"/> hazy	<input type="checkbox"/> <input type="checkbox"/> inflammatory cells	<input type="checkbox"/> <input type="checkbox"/> CME
	<input type="checkbox"/> <input type="checkbox"/> pearls	<input type="checkbox"/> <input type="checkbox"/> pigment cells	<input type="checkbox"/> <input type="checkbox"/> AMD
	<input type="checkbox"/> <input type="checkbox"/> other	<input type="checkbox"/> <input type="checkbox"/> other	<input type="checkbox"/> <input type="checkbox"/> normal
			<input type="checkbox"/> <input type="checkbox"/> other



**IMPRESSION**

Normal post-operative course  
 Other \_\_\_\_\_

**COMANAGE DOCTOR**

\_\_\_\_\_  
 NAME (PLEASE PRINT)

**PLAN**

Continue present management  
 Change present management to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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