



Patient Name: _____
Patient DOB: _____
Co-managing: _____

Procedure: Primary
Target: OD _____ OS _____

OD

OS

Surgery Date: Month _____ Day _____ Year _____
Exam Date: Month _____ Day _____ Year _____
Post-op Visit: 1 day 2-4 week 3 month

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HISTORY

Doing Well Other _____

Doing Well Other _____

OCULAR MEDICATIONS

PMN TID PMN BID ATs None

PMN TID PMN BID ATs None

VISION

UCVA: 20/ _____
MR: _____ 20/ _____

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MR: _____ 20/ _____

SLIT LAMP FLAP EVALUATION

Cornea: clear edema
AC: deep & quiet other
Vault: _____
Other:
IOP: _____ mmHg

Cornea: clear edema
AC: deep & quiet other
Vault: _____
Other:
IOP: _____ mmHg

IMPRESSION

Excellent Other _____

Excellent Other _____

PLAN

Continue Present Management Other

 RTC _____ day(s) week(s) month(s) year

 Refer back to Eye Surgeons of Indiana for evaluation
 Enhancement Other
 Please Call Patient Appt Made ____/____/____

Continue Present Management Other

 RTC _____ day(s) week(s) month(s) year

 Refer back to Eye Surgeons of Indiana for evaluation
 Enhancement Other
 Please Call Patient Appt Made ____/____/____

Doctor Signature: _____

Date: _____