



WHITEWATER EYE CENTERS

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CO-MANAGEMENT POST-OPERATIVE REPORT FORM

Patient: _____ Date: _____

Optometrist: _____ Surgeon: _____

CATARACT EXTRACTION

OD Date: _____
 OS Date: _____

POST-OPERATIVE VISIT (circle one)

Day: _____ Week 1 2 3 4 5 6 7 8 Other: _____
Day: _____ Week 1 2 3 4 5 6 7 8 Other: _____

HISTORY:

Patient Reports

- No pain, Eye Comfortable
- Eye Uncomfortable, Pain
- Nausea
- Vision Decreasing, Blurred

- Flashes, Floaters
- Problems With Medications
- Other: _____

OCULAR EXAMINATION:

UNAIDED

OD: 20/ _____
OS: 20/ _____

Visual Acuity

PINHOLE

OD: 20/ _____
OS: 20/ _____

REFRACTION

OD: _____ 20/ _____
OS: _____ 20/ _____

TONOMETRY

OD: _____ mmHg
OS: _____ mmHg

(Applanation, NCT)

KERATOMETRY

OD: _____
OS: _____

SLIT LAMP EXAMINATION:

LIDS

- OD OS
- Normal
- Ecchymosis
- Ptosis

CONJUNCTIVA

- OD OS
- White / Quiet
- Chemosis
- Sub-Conj. Heme
- Injection

WOUND

- OD OS
- Tight
- Sutured
- Separation

CORNEA

- OD OS
- Clear
- Striae
- Folds
- Other: _____

ANTERIOR CHAMBER

- OD OS
- Quiet
- Cells / Flare (1-4+)
- OD _____ OS: _____

IRIS

- OD OS
- Pupil Round
- Atrophy
- Sutured

IOL POSITION

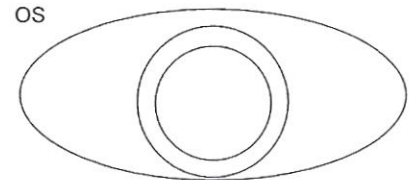
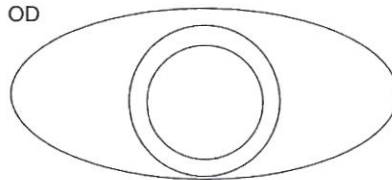
- OD OS
- Centered
- Decentered

POSTERIOR CAPSULE

- OD OS
- Clear
- Clouding
- Elschnig Pearls

BETINA

- OD OS
- Normal
- Cystoid Macular Edema
- AMD
- Other: _____



ASSESSMENT

- OD OS
- Normal Post-Operative Course
- Other: _____

PLAN:

OD: _____ QID TID BID QD D/C OS: _____ QID TID BID QD D/C
_____ QID TID BID QD D/C
_____ QID TID BID QD D/C

FOLLOW-UP ON: _____ WITH: My Office Whitewater Eye Centers

COMMENTS: _____

SIGNATURE: _____