

POST-OPERATIVE EXAMINATION

Date: _____

Patient Name: _____ ☐ M ☐ F DOB ____/____/____ Age ____

Optometrist: _____

Patient Satisfaction: Low	1	2	3	4	5	6	7	8	9	10	High
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C/Concern _____

History _____

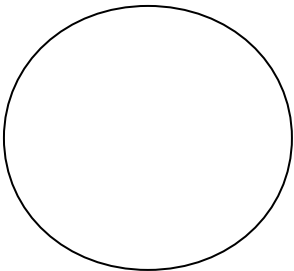
☐ ATS _____Gtts: ☐ Zymaxid / Gatiflox _____ ☐ Lotemax / PF _____ ☐ Bromsite _____ ☐ Other /none _____

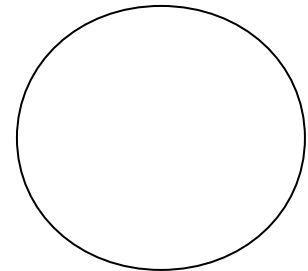
Meds: _____ Allergies _____

OD PROCEDURES	aim	date	surg	OS PROCEDURES	aim	date	surg

OD20/____ J _____
20/____ J _____VASC
VACC**OS**20/____ J _____
20/____ J _____**OU**20/____ J _____
20/____ J _____20/____
_____MR
Trial frame _____ ☐ likes ☐ dislikes20/____
_____ mmHgCR(gtts____) _____ 20/____
IOP _____ mmHg

Pachymetry _____



 Lids/ Lashes _____
 Conjunctiva _____
 Cornea _____
 AC _____
 Iris _____
 Lens _____
 Fundus _____


IMPRESSION: _____

PLAN: _____

Follow with Dr. _____ In: _____