

Cataract Surgery Post-Op Summary

Co-manage Doctor: _____ Date: _____

Patient: _____ DOB: _____

Dr. Tyson Schwiesow

Surgery Date: OD _____ OS _____ Surgeon: Dr. Kurt Schwiesow

Dr. Matthew Thompson

Post Op Visit: OD Same day/1 day 1 week 4 week 3 month Other
OS Same day/1 day 1 week 4 week 3 month Other

		Unaided	Pinhole	Aided
Visual Acuity	OD	20/ _____	20/ _____	20/ _____
	OS	20/ _____	20/ _____	20/ _____

Exam: (Check if normal)

Comments

_____ Conjunctiva

_____ Cornea

_____ Pupil/Iris

_____ Wound

_____ Anterior Chamber

_____ IOL

_____ Capsule

_____ Fundus

_____ Fields

Tonometry: OD _____ mmHg

OS _____ mmHg

Refraction: OD _____ X _____

OS _____ X _____

Medications: _____ Next Visit: _____

Signature

Date

Please fax to Tower Clock Eye Center @ 920.499.9636. Thank You.