

Cataract Surgery Post-Op Summary

Co-manage Doctor: _____ Date: _____

Patient: _____ DOB: _____

Surgeon:

Surgery Date: OD _____ OS _____
 Dr. Tyson Schwiesow Dr. Kurt Schwiesow
 Dr. Matthew Thompson Dr. Kunal S. Patel

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.