



The difference is in sight.

PROFESSIONAL SOLUTIONS FOR CATARACTS, GLAUCOMA & CORNEA

CATARACT SURGERY POST-OP SUMMARY

FAX TO: 920.499.9636

Comanaging doctor: _____ Date: _____

Patient: _____ DOB: _____

Surgery date: OD _____ OS _____

Surgeon: Dr. Tyson Schwiesow Dr. Kurt Schwiesow
 Dr. Matthew Thompson Dr. Kunal Patel

Post op visit: OD Same day/1day 1 week 4 week 3 month Other
OS Same day/1day 1 week 4 week 3 month Other

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

Exam: (Check if normal)

Comments

- _____ Conjunctiva
- _____ Cornea
- _____ Pupil/Iris
- _____ Wound
- _____ Anterior Chamber
- _____ IOL
- _____ Capsule
- _____ Fundus
- _____ Fields

Tonometry: OD _____ mm Hg
OS _____ mm Hg

Refraction: OD _____ x _____
OS _____ x _____

Medications: _____ **Next visit:** _____

Signature: _____ **Date:** _____