



The Eye Center

OF SOUTHERN INDIANA

Cataract Surgery Post-op Form & Progress Report

Pt. Name: _____

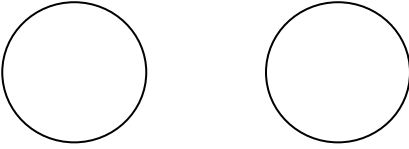
Date of Birth: _____

Surgeon: ___Chang ___Mackey ___Huck

Comanaging Dr.: _____

OD Surgery Date: ____/____/____

OS Surgery Date: ____/____/____

<u>Subjective</u>	<u>Objective</u>	<u>Assessment</u>
Date: ____d POC	scVA $\begin{cases} \text{OD} \\ \text{OS} \end{cases}$ phVA $\begin{cases} \text{OD} \\ \text{OS} \end{cases}$ OD _____ 20/____ Refraction OS _____ 20/____ IOP _____ SLE 	Patient satisfaction rating of The Eye Center = ____/10. <hr/> <u>Plan</u> ___FU here in ____d ___FU and SDS as scheduled at The Eye Center ___Fax this to The Eye Center 812-333-5039 Signed:

<u>1 month POC reporting:</u>	Keratometry:	OD: _____
		OS: _____
Has the patient experienced any sudden loss of vision &/or excruciating pain typical of infectious endophthalmitis? ___No ___Yes If yes, please fax additional information.		

If there is a significant refractive surprise or unhappy patient, please call us to discuss. Thank you for your kind referral!

R. Daniel Grossman, M.D. Chad Huck, O.D. Steven E. Holbrook, O.D. Warren J. Chang, M.D.

Joseph M. Mackey, M.D. Jason P. Gray, O.D. Frank N. Hrisomalos, M.D. Andrew H. Huck, M.D.

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