

# Post-Operative Assessment Form

Date: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

Patient's Name \_\_\_\_\_ Chart # \_\_\_\_\_ Surgeon \_\_\_\_\_

Surgery Date \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_ Co-managing Doctor \_\_\_\_\_

Follow-up Date \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_ Had Surgery at (city) \_\_\_\_\_ Laser Center \_\_\_\_\_

**Procedure done:**

LASIK    PRK    Epi-LASEK    W/ Intralase    W/ Wavefront    Intacs    Phakic IOL    Crystalens

<b>OD</b>	<input type="checkbox"/> 1 day	<input type="checkbox"/> 1 Week	<input type="checkbox"/> 1 Month	<input type="checkbox"/> 3 Months	<input type="checkbox"/> 6 Months
<b>OS</b>	<input type="checkbox"/> 1 day	<input type="checkbox"/> 1 Week	<input type="checkbox"/> 1 Month	<input type="checkbox"/> 3 Months	<input type="checkbox"/> 6 Months
Other OD	_____		OS	_____	

Subjective Findings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

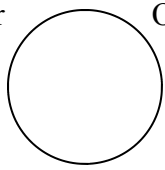
**Assessment: OD**

VA sc 20/ \_\_\_\_\_ VA \_\_\_\_\_

**Refraction** \_\_\_\_\_ 20/ \_\_\_\_\_

Keratometry \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_  
 (auto / manual)

**Cornea**    Clear    Other \_\_\_\_\_



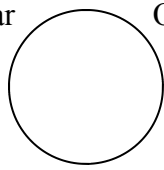
**OS**

20/ \_\_\_\_\_ VA \_\_\_\_\_

\_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_

Clear    Other \_\_\_\_\_



Intraocular Pressure(circle: NCT / Goldman / Tonopen )   OD \_\_\_\_\_ mm/hg   OS \_\_\_\_\_ mm/hg

Meds: \_\_\_\_\_

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_

Next planned visit \_\_\_\_\_

Email, fax or mail to surgeon's office

Doctors Signature

