



**Patient Name:** \_\_\_\_\_

**Patient DOB:** \_\_\_\_\_

**Co-managing:** \_\_\_\_\_

**Procedure:**  Primary

**Target:** OD \_\_\_\_\_ OS \_\_\_\_\_

**OD**

**OS**

Surgery Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Exam Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Post-op Visit:  1 day  2-4 week  3 month

Surgery Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Exam Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Post-op Visit:  1 day  2-4 week  3 month

**HISTORY**

Doing Well  Other \_\_\_\_\_

Doing Well  Other \_\_\_\_\_

**OCULAR MEDICATIONS**

PMN TID  PMN BID  ATs  None

PMN TID  PMN BID  ATs  None

**VISION**

UCVA: 20/ \_\_\_\_\_

MR: \_\_\_\_\_ 20/ \_\_\_\_\_

UCVA: 20/ \_\_\_\_\_

MR: \_\_\_\_\_ 20/ \_\_\_\_\_

**SLIT LAMP FLAP EVALUATION**

Cornea:  clear  edema

AC:  deep & quiet  other

Vault:  \_\_\_\_\_

Other:

IOP: \_\_\_\_\_ mmHg

Cornea:  clear  edema

AC:  deep & quiet  other

Vault:  \_\_\_\_\_

Other:

IOP: \_\_\_\_\_ mmHg

**IMPRESSION**

Excellent  Other \_\_\_\_\_

Excellent  Other \_\_\_\_\_

**PLAN**

Continue Present Management  Other

Continue Present Management  Other

RTC \_\_\_\_\_  day(s)  week(s)  month(s)  year

RTC \_\_\_\_\_  day(s)  week(s)  month(s)  year

Refer back to Eye Surgeons of Indiana for evaluation

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Enhancement  Other

Enhancement  Other

Please Call Patient  Appt Made \_\_\_\_/\_\_\_\_/\_\_\_\_

Please Call Patient  Appt Made \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor Signature: \_\_\_\_\_

Date: \_\_\_\_\_