

Talley Medical Surgical Eye Care Associates, P.C.

Optometric Referral Center

POST-OPERATIVE REPORT

PATIENT: _____ DATE OF VISIT: _____

SURGEON: _____ CONSULTING O.D.: _____

DATE OF SURGERY CE/IOL OD _____ CE/IOL OS _____

YAG OD _____ YAG OS _____

POST OPERATIVE DAY OD 1 2 3 4 5 6 OS 1 2 3 4 5 6

POST OPERATIVE WEEK OD 1 2 3 4 5 6 7 8 9 10 11 12 OS 1 2 3 4 5 6 7 8 9 10 11 12

PATIENT COMPLAINTS OD _____ OS _____

CURRENT MEDICATIONS: _____

OD

OS

CORNEA: 1) Clear Neg Pos
2) Striae Neg Pos
3) Edema Neg Pos

ANTERIOR CHAMBER: 1) Quiet Neg Pos
2) Cells/Flare Neg +1 +2 +3 +4
3) Hypopyon Neg Pos

PUPIL: Round Irregular

INCISION: 1) Sutures Intact Neg Pos
2) Gaping Wound Neg Pos
3) Prolapse of Iris Neg Pos

POSTERIOR CAPSULE: Clear Hazy

IMPLANT: Centered Off Center

FUNDUS: 1) Normal Neg Pos
2) Hemorrhage Neg Pos
3) Macular Edema Neg Pos

1) Clear Neg Pos
2) Striae Neg Pos
3) Edema Neg Pos

1) Quiet Neg Pos
2) Cells/Flare Neg +1 +2 +3 +4
3) Hypopyon Neg Pos

Round Irregular

1) Sutures Intact Neg Pos
2) Gaping Wound Neg Pos
3) Prolapse of Iris Neg Pos

Clear Hazy

Centered Off Center

1) Normal Neg Pos
2) Hemorrhage Neg Pos
3) Macular Edema Neg Pos

IOP: OD _____ OS _____

UNCORRECTED VA:
OD 20/____ OS 20/____

REFRACTION:
OD _____ 20/____
OS _____ 20/____

Rx GIVEN: OD _____ x _____ Add + _____
OS _____ x _____ Add + _____

PLAN:

Follow up: Routine Refraction _____ days weeks months

Medication:

Comments:

With: O.D. Surgeon

Appt on: _____

SIGNATURE _____

If any pain, purulent discharge, redness, and/or decrease in vision develops, call our office at:
In Evansville (812) 424-2020 • Out of Town (800) 489-2020