

Same Day Cataract Surgery Checklist

Referring Doctor: _____

Date of Referral: _____

Patient Name: _____

Patient DOB (mm/dd/yyyy): _____

History:

- No Trauma to eye
- No Significant Contributing Ocular Comorbidities (eg. Glaucoma, Fuch's, PDR, ARMD) _____
- No RGP or Keratoconus
- No previous LASIK, PRK, RK or other Refractive surgery

Patient Factors:

- MRx range (to ensure we have the IOL's needed) **-6.00 to +2.50**
- Not Premium IOL candidates (Toric or Multifocals) due to need for planning and calculations
- Able to lie down flat (no significant kyphosis)
- General Health is very stable with no significant Cardio/Respiratory issues.

Exam Findings:

- No 4+ Brunescant or Hypermature cataracts (require planning and possible special instruments)
- No Pseudoexfoliation Syndrome
- No Phacodonesis (loose zonules) – (requires planning and special instruments)
- Normal Dilated Fundus Examination (including peripheral retina)

To ensure accuracy of lens calculations, please have patients discontinue contact lens wear for at least 30 days prior to their evaluation.

Thank you for helping us to screen patients who are seeking Same Day Cataract Surgery. This greatly helps to improve the predictability and smooth processing of these patients while minimizing the undue risk taken on by patient and surgeon.

For any patients that do not meet the above guidelines, we would be glad to schedule an in-office assessment by the surgeon so that we can thoroughly plan and discuss the best approach for each patient. We would then subsequently book surgery on such patients.

Once this form is filled out, kindly fax it to Talley Eye Care at (812) 435-1604 along with a copy of your examination prior to booking the patient's surgery. This will ensure that we have all of the information at the time of booking. Thank you for your partnership in this.