

The Medical Eye Center  
Post-Op Surgery Office Note

Name : \_\_\_\_\_ Chart # \_\_\_\_\_ Date \_\_\_\_\_

Pseudophakic m \_\_\_ OD m \_\_\_ OS m \_\_\_ OU Day \_\_\_\_\_ / \_\_\_\_\_  
S/P Yag Capsulotomy / P.Irid m \_\_\_ OD m \_\_\_ OS m \_\_\_ OU Day \_\_\_\_\_ / \_\_\_\_\_

Patient comments: \_\_\_\_\_

Current Eye Meds :	Eye	Frequency
mVigamox	m ___ OD m ___ OS ___ mOU	m ___ QID m Q2h
m _____		
m Pred Forte	___ OD ___ mOS ___ mOU	___ QID m Q2h m _____
m Acular	m ___ OD m ___ OS ___ mOU	___ QID Q2h
m _____		
m Alphagan P / Iopidine	m ___ OD ___ m OS ___ mOU	___ TID
m CoSopt / Timoptic	m ___ OD ___ mOS ___ mOU	___ BID
m Xalatan / Travatan	m ___ OD m ___ OS ___ mOU	___ QID
m Trusopt / Azopt	m ___ OD ___ mOS ___ mOU	___ TID ___ mBID
m Diamox 250mg/500mg PO _____	m Neptazane 50mg PO ___ BID	
m Other _____		

Va sc OD 20/ \_\_\_\_\_ Va ph OD 20/  
sc OS 20/ \_\_\_\_\_ OS 20/

OD \_\_\_\_\_ X \_\_\_\_\_ 20/ OD \_\_\_\_\_ X \_\_\_\_\_ 20/  
OS \_\_\_\_\_ X \_\_\_\_\_ 20/ OS \_\_\_\_\_ X \_\_\_\_\_ 20/  
**Autorefractor** **Manifest** ADD +

IOP \_\_\_\_\_ / \_\_\_\_\_ mm Hg Pupils: o No APD / o \_\_\_\_\_

	WSF Pos	OD	OU	WSF Pos	OS
		WSF			
<b>Slit Lamp Exam</b>					
Lids	___ o	_____	___ o	___ o	_____
Conjunctiva	___ o	_____	___ o	___ o	_____
Cornea	___ o	_____	___ o	___ o	_____
A/C	___ o	_____	___ o	___ o	_____
Iris	___ o	_____	___ o	___ o	_____
Lens	___ o o	_____ Capsule ___ o	___ o	___ o o	_____ Capsule _____

Fundus: o No significant changes noted since Pre-Op o \_\_\_ OD \_\_\_ o OS \_\_\_ o OU  
o Significant changes noted \_\_\_\_\_

**Assessment and Plan:**

- o OD o OS o OU Stable / \_\_\_\_\_
- o Potential risk and warning signs of retinal detachment and eye infection explained to patient
- o PredF. \_\_\_\_\_ o Vigamox \_\_\_\_\_ o \_\_\_\_\_
- o Decreased vision OD / OS due to cataract, Schedule Surgery
- o Informed Consent Explained
- o Follow up visit \_\_\_\_\_

\_\_\_\_\_ MD

**WITHOUT PREJUDICE - NOT FOR PUBLICATION**