

Patient _____ DOB _____ Sex _____

FOLLOW-UP REPORT

Time Since Operation: 1 day _____ Week(s) _____ Month(s) _____ N/A _____ Date of Surgery: _____

Diagnosis: Cat w/IOL Glaucoma 2°IOL Yag Other _____

Surgeon: Bryan Joseph Park Choe Perraut Fritz Patel Sethi

Referring Doctor: _____ Telephone: _____

History: _____

EXAMINATION OF TREATMENT

Clarity of Optical Media: _____ OD _____ OS _____

Clear _____ Slightly Hazy _____ Moderately Hazy _____ NO Red Reflex _____

Anterior Chamber Depth: Normal _____ Shallow _____ IOL Style: PC _____ Foldable _____ Rigid _____

IOP: _____ mm.Hg. _____ am _____ pm VA: sc 20/ _____ Pinhole 20/ _____

Refraction:

OD _____ X _____ 20/ _____ Add _____ J _____

OS _____ X _____ 20/ _____ Add _____ J _____

Corneal Status:

	None	Mild	Mod>Severe
Striae.....	_____	_____	_____
Staining	_____	_____	_____

Anterior Chamber:

	None	Mild	Mod>Severe
Flare	_____	_____	_____
Cells	_____	_____	_____
Cornea Precipitates.....	_____	_____	_____
IOL Precipitates	_____	_____	_____

Funduscopy (if applicable): _____

Pupil Status

	None	Mild	Mod>Severe
Displacement.....	_____	_____	_____
Disfigurement.....	_____	_____	_____

Posterior Capsule Status:

Capsule Haze.....	_____	_____	_____
Intact _____			
Open _____ Closed _____			

Postoperative medications: _____
 OR SEE ATTACHED _____

Recommendations/Notes: _____

Signed _____ Date _____

IF ANY PAIN AND/OR RAPID DECREASE IN VISION DEVELOPS, AN IMMEDIATE CONSULTATION IS IN ORDER. PHONE #'S BELOW.

HENDERSONVILLE
 1-800-624-6575/ 828-693-1773
 828-692-3297 FAX

FRANKLIN (Retina Only)
 800-624-6575
 828-692-3297 FAX

ASHEVILLE
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 828-277-6799 FAX

COLUMBUS
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 828-894-5525 FAX