

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    **Surgeon:**  Bryan     Joseph     Park     Choe     Perraut     Fritz

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:**

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

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