

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 Fritz Patel Sethi Duggan Capps Khan

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 _____

	None	Mild	Mod>Severe		None	Mild	Mod>Severe
Corneal Status:				Pupil Status			
Striae.....	_____	_____	_____	Displacement.....	_____	_____	_____
Staining	_____	_____	_____	Disfigurement.....	_____	_____	_____
Anterior Chamber:				Posterior Capsule Status:			
Flare	_____	_____	_____	Capsule Haze.....	_____	_____	_____
Cells	_____	_____	_____	Intact _____			
Cornea Precipitates.....	_____	_____	_____	Open _____ Closed _____			
IOL Precipitates	_____	_____	_____				
Funduscopy (if applicable):	_____						

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	WAYNESVILLE (Retina Only) 800-624-6575 828-692-3297 FAX	ASHEVILLE 828-277-8233 828-277-6799 FAX	COLUMBUS 828-894-3037 828-894-5525 FAX	SKYLAND 828-820-2900 828-820-2935 FAX
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