



Diagnostic Eye Center
1 Day Cataract Post-Op Report

Please fax your exam findings to 713-797-1150. Our surgeons rely on this data, and we appreciate your help!

Patient Name: _____ DOB: _____

Operative Eye: OD OS Date of Surgery: _____ Date of Exam: _____

IOL Used: _____ Target Correction: _____ Surgeon: Sanders Salem

Uncorrected Distance VA

OD: 20/_____

OS: 20/_____

Uncorrected Near VA (if premium IOL)

OD: J _____

OS: J _____

IOP

OD: _____

OS: _____

Cornea:

Clear

Edema: 1+ 2+ 3+ 4+

Wound:

Intact

Leak

AC:

D & Q

Cells: 1+ 2+ 3+ 4+

IOL:

Well positioned

Dislocated

Assessment: S/P Phaco with IOL OD OS

Plan: Continue post-operative medications and restrictions as directed

Comments: _____

Examining Physician (print name): _____

Signature: _____

Please contact us by telephone at 713-797-1500 if you need assistance with any post-operative condition.