



# 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.