



Patient Name:
Patient DOB:
Co-managing:

Procedure: Primary
Target: OD OS

OD

OS

Surgery Date: Month Day Year
Exam Date: Month Day Year
Post-op Visit: 1 day 2-4 week 3 month

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HISTORY

Doing Well Other

Doing Well Other

OCULAR MEDICATIONS

PMN TID PMN BID ATs None

PMN TID PMN BID ATs None

VISION

UCVA: 20/
MR: 20/

UCVA: 20/
MR: 20/

SLIT LAMP FLAP EVALUATION

Cornea: clear edema
AC: deep & quiet other
Vault:
Other:
IOP: mmHg

Cornea: clear edema
AC: deep & quiet other
Vault:
Other:
IOP: mmHg

IMPRESSION

Excellent Other

Excellent Other

PLAN

Continue Present Management Other
RTC day(s) week(s) month(s) year
Refer back to Eye Surgeons of Indiana for evaluation
Enhancement Other
Please Call Patient Appt Made / /

Continue Present Management Other
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Doctor Signature: Date:

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