Surgery Post-Op Report

VANCE THOMPSON VISION

Name _____ DOB_____ Date of Exam_____

PATIENT COMMENTS _____

_____

☐ Cataract ☐ LASIK ☐ PRK ☐ Glaucoma ☐ Cornea ☐ Other _____

Date of Surgery _____

THIS POST-OP VISIT	☐ 1 day ☐ 1 week ☐ 1 month ☐ 3 months ☐ 6 months ☐ 1 year ☐ Other:	
UNCORRECTED VA	20/	20/
BEST CORRECTED VA	20/	20/
MANIFEST REFRACTION	_____ - _____ x _____ - 20/_____	_____ - _____ x _____ - 20/ _____
IOP	mm Hg	mm Hg
SLIT LAMP EXAM	☐ Normal post-op appearance ☐ Abnormal post-op appearance	
	Comments:	
POSTERIOR SEGMENT	☐ Unchanged from pre-op exam ☐ Changed from pre-op exam	
	Comments:	

Pertinent Exam Findings:_____

_____

ASSESSMENT

_____

_____

_____

PLAN

☐ Follow Vance Thompson Vision recommended drop instructions

☐ Other drop instructions _____

☐ Additional instructions _____

Patient is: ☐ Happy ☐ Neutral ☐ Unhappy

Comments: _____

_____

_____

Doctor Name_____ **Date:** _____

Please Print

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