Interventional Glaucoma Post-Op Report

VANCE THOMPSON VISION

Name _____ DOB_____ Date of Exam_____

PATIENT COMMENTS _____

_____

☐ SLT ☐ Cataract/MIGS ☐ Cilioablative Laser (CPC)
☐ Slow-Release Drug Implant ☐ Standalone MIGS ☐ Incisional Surgery (XEN, trabeculectomy, tube, etc)

Date of Procedure _____ Current eye drops _____

THIS POST-OP VISIT	☐ 1 day ☐ 1 week ☐ 1 month ☐ 3 months ☐ Other:	
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:	

Noteworthy Exam Findings or Concerns: _____

_____

ASSESSMENT/PLAN

_____

_____

_____

NEXT STEPS (Check all that apply)

☐ Follow Vance Thompson Vision recommended drop instructions

☐ Other drop instructions _____

☐ Return to Vance Thompson Vision for additional treatment

Patient is: ☐ Happy ☐ Neutral ☐ Unhappy

Comments: _____

_____

Doctor Name_____ **Date:** _____

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