

# Post-Operative Assessment Form

Date: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_

Patient's Name \_\_\_\_\_ Chart # \_\_\_\_\_ Surgeon \_\_\_\_\_

Surgery Date \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_ Co-managing Doctor \_\_\_\_\_

Follow-up Date \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_ Had Surgery at (city) \_\_\_\_\_ Laser Center \_\_\_\_\_

## Procedure done:

LASIK  PRK  Epi-LASEK  W/ Intralase  W/ Wavefront  Intacs  Phakic IOL  Crystalens

**OD**  1 day  1 Week  1 Month  3 Months  6 Months

**OS**  1 day  1 Week  1 Month  3 Months  6 Months

Other OD \_\_\_\_\_ OS \_\_\_\_\_

Subjective Findings: \_\_\_\_\_

Assessment: **OD** **Bilat. Dist. UVA 20/\_\_\_\_\_ Bilat. Near UVA J\_\_\_\_\_** **OS**

VA sc 20/ \_\_\_\_\_ J \_\_\_\_\_ VA

**Refraction** \_\_\_\_\_ 20/ \_\_\_\_\_

Keratometry \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_  
(auto / manual)

**Cornea**  Clear Other \_\_\_\_\_

20/ \_\_\_\_\_ J \_\_\_\_\_ VA

\_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_

Clear Other \_\_\_\_\_

Intraocular Pressure(circle: NCT / Goldman / Tonopen) OD \_\_\_\_\_ mm/hg OS \_\_\_\_\_ mm/hg

Meds: \_\_\_\_\_

**Comments:** \_\_\_\_\_

Next planned visit \_\_\_\_\_

\_\_\_\_\_  
Doctors Signature