



# POSTOPERATIVE EXAM REPORT

TO: DOCTOR \_\_\_\_\_

Patient: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Examination Date \_\_\_\_\_

## EXAM

Visual Acuity:			<i>How Long Postop</i>			
<b>OD</b>	20 /	<b>OS</b>	20 /	w/o correction	1 Week	1 Month
<b>OD</b>	20 /	<b>OS</b>	20 /	w/correction	1 Week	1 Month
IOP	OD	IOP	OS			

	Sph	Cyl	Axis	VA
OD				
OS				

SLE / FUNDUS      WNL    OU      Additional findings noted below

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

## Plan:

**Meds**                      Acular QID                      PredForte QID                      Other:

Comments

- We will contact surgery scheduler at 541-482-8100 Ashland or 530-842-2760 Yreka to arrange 2<sup>nd</sup> eye surgery.
- Surgeon please contact patient to arrange 2<sup>nd</sup> eye surgery
- 2<sup>nd</sup> Eye ADL (Activity of Daily Living difficulties) \_\_\_\_\_

Signature \_\_\_\_\_

**Please fax all postoperative exam reports to (Ashland) 541-488-5081 (Yreka) 530-842-5839.**  
Please contact the surgeon immediately at 541-482-8100 for any medical or surgical concerns.  
Contact Rene' Morehouse at 541-482-8100 Ext. 332 if you have any questions.