POST-OP COMANAGEMENT REPORT

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Date: _____

Patient Name: _____ DOB: _____ Co-Managing OD: _____

Surgery: _____ Eye(s): ☐ OD ☐ OS ☐ OU

Current Eye Meds: _____

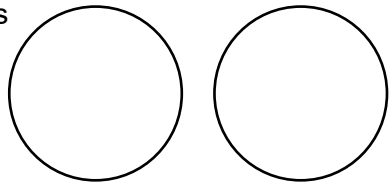
Subj: _____

Vasc: _____ Vacc: _____ A/M Refraction: (OD)_____(OS)_____

Slit Lamp/Fundus Exam: _____ IOP: _____

Lids: nl____mm ptosis____ + swelling____ + ecchymosis
Conj: nl____+ injection____ scheme____ bleb
Wound: nl____sut exp____+ seidel
Cornea: nl____+ mce____+ stromal folds ____epi defect
Ant chamber: nl____+ cell____+ flare____ % shallow

OD **OS**



Iris: nl_____abnl
IOL: nl_____abnl
Lens: nl_____abnl
Capsule: nl_____abnl
Vitreous: nl_____ abnl
Retina: nl_____abnl

Assessment: _____

Plan: _____

ANTIBIOTICS	**STEROIDS**	**NSAIDS**	**GLAUCOMA**	**OTHER**
☐ Ocuflox	☐ Pred Acetate	☐ Ketorolac	☐ Alphagan P	☐ Less drop
☐ Ciloxan	☐ Lotemax	☐ Prolensa	☐ Betimol/Betoptic	☐ AT
☐ Moxifloxacin	☐ Durezol	☐ Nevanac	☐ Combigan	☐ Celluvisc
☐ Zymaxid	☐ FML	☐ Diclofenac	☐ Latanoprost	☐ Tobradex
☐ _____	☐ Alrex	☐ Bromfenac	☐ Lumigan	☐ Restasis
☐ _____	☐ _____	☐ _____	☐ _____	☐ _____

Follow up with Dr. _____ in _____ days ____ weeks ____ months ___ years

for: ☐ MRx ☐ New glasses prn ☐ SLE ☐ IOP ☐ 2nd eye refraction goal ☐ Re-check

☐ Other: _____

☐ A follow up appointment has been made for patient to see you.

☐ Please have your office staff contact this patient for the next visit, which will be at your office.

Please Fax to VEA at (920) 380-9323