

POST-OP COMANAGEMENT REPORT

☐ M. Camille Almond, M.D.
 ☐ Douglas Salm, M.D.
 ☐ Philip Smith, M.D.
 ☐ Michael Vrabec, M.D.

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

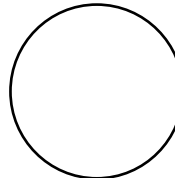
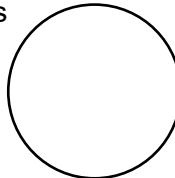
Wound: nl _____ sut exp _____ + seidel

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

- ☐ Ocuflox
☐ Ciloxan
☐ Moxifloxacin
☐ Zymaxid
☐ _____
☐ _____

STEROIDS

- ☐ Pred Acetate
☐ Lotemax
☐ Durezol
☐ FML
☐ Alrex
☐ _____

NSAIDS

- ☐ Ketorolac
☐ Prolensa
☐ Nevanac
☐ Diclofenac
☐ Bromfenac
☐ _____

GLAUCOMA

- ☐ Alphagan P
☐ Betimol/Betoptic
☐ Combigan
☐ Latanoprost
☐ Lumigan
☐ _____

OTHER

- ☐ Less drop
☐ AT
☐ Celluvisc
☐ Tobradex
☐ 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

The information contained in this facsimile message is intended only for the personal and confidential use of the designated recipient named above. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at (920) 739-4361, and return the original to us by U.S. mail at our expense. Thank You.