



Post-Operative Follow Up Report

Today's Date: _____

Patient's Name: _____ Co-Management OD: _____

OD / OS P.O. Week: 1 2 3 4 5 6 _____ months

Surgeon: Alan B. Aker, M.D. Surgery

Date: _____

Medications: _____

Chief Complaint: _____

sc/cc lights on/off

VA < PH < K's <

sc/cc lights on/off

SLE:

Wound: Clean/Intact _____

Cornea: Clear _____

AC: Deep/ _____ cells _____

PC: Clear Hazy 1 2 3 4

Pupil: Round/Reactive _____

Lens Position: Centered _____

TA <
_____ am/pm

Refraction: OD 20/
OS 20/

RX Given: OD 20/
OS 20/

EOMs:

DFE (If indicated):

Other Tests: Amsler Grid _____ Visual Field: _____

Return to Aker-Kasten Eye Center _____

Plan:

Signature: _____