



POST OPERATIVE FOLLOW UP REPORT

Today's Date: _____ Co-Management Dr: _____

Patient's Name: _____

Surgeon: Alan Aker, MD Jill Rodila, MD Anup Kubal, MD

Surgery Date: _____ OD OS

Postop: OD _____ wks / mo OS _____ wks / mo

Medications: _____

VA DISTANCE sc < PH < NEAR sc <

SLE:

Wound: Clean/Intact _____

Cornea: Clear _____

AC: Deep/ _____ cells _____ TA <

PC: Clear Hazy 1 2 3 4

Pupil: Round/Reactive _____

Lens Position: Centered _____

Refraction: (required for comanagement purposes)

Distance OD _____ 20/ _____

OS _____ 20/ _____

Near OD _____ 20/ _____

OS _____ 20/ _____

Return to my office

Return to Aker Kasten Eye Center

Plan:

Signature: _____