



# POST OPERATIVE FOLLOW UP REPORT

Today's Date: \_\_\_\_\_ Co-Management Dr: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Surgeon:  Alan Aker, 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: \_\_\_\_\_