



**ADVANCED OPHTHALMOLOGY: POST-OPERATIVE EVALUATION**

Patient Name: \_\_\_\_\_  M  F DOB \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Co-Managed: Yes / No Dr. \_\_\_\_\_

Surgeon: Mihir Parikh, M.D. Tech: \_\_\_\_\_

Right Eye: Procedure: \_\_\_\_\_ Surgery Date: \_\_\_\_\_

Follow-up: 24H 48H 1wk 2wk 1mo 3mo 6mo 12mo Other \_\_\_\_\_

Left Eye: Procedure: \_\_\_\_\_ Surgery Date: \_\_\_\_\_

Follow-up: 24H 48H 1wk 2wk 1mo 3mo 6mo 12mo Other \_\_\_\_\_

Patient Satisfaction: Low 1 2 3 4 5 6 7 8 9 10 High

Exam Date: \_\_\_\_\_ Patient Comments: \_\_\_\_\_

Medical History: \_\_\_\_\_

Medication/Drops: \_\_\_\_\_

<b>OD</b>		<b>OS</b>	<b>OU</b>
<b>20/</b>	<b>VA sc</b>	<b>20/</b>	<b>20/</b>
<b>20/</b>	<b>VA cc</b>	<b>20/</b>	<b>20/</b>

**W RX**

OD
OS

**Manifest Refraction**

OD	20/	ADD
OS	20/	ADD

**K Readings**

OD
OS

**Topography**  
 Y  N

**IOP**      **Pachymetry**

	OD	OD
Time:	OS	OS

**SLIT LAMP EXAMINATION**

<b>OD</b>	Lids _____ Conj _____ Epithelium: <input type="checkbox"/> Intact <input type="checkbox"/> Defect <input type="checkbox"/> SPK Flap: <input type="checkbox"/> Smooth <input type="checkbox"/> Microstria <input type="checkbox"/> Folds Interface: <input type="checkbox"/> Clear <input type="checkbox"/> Debris/Cells <input type="checkbox"/> Inflammation <input type="checkbox"/> Haze	<b>OS</b>	Lids _____ Conj _____ Epithelium: <input type="checkbox"/> Intact <input type="checkbox"/> Defect <input type="checkbox"/> SPK Flap: <input type="checkbox"/> Smooth <input type="checkbox"/> Microstria <input type="checkbox"/> Folds Interface: <input type="checkbox"/> Clear <input type="checkbox"/> Debris/Cells <input type="checkbox"/> Inflammation <input type="checkbox"/> Haze
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IMPRESSION:

PLAN:

Return for: R-POV POV DFE STAB CHECK

Next Appointment \_\_\_\_\_

Dr. Signature \_\_\_\_\_ MD/OD  
T (858)450-4213 F (858)450-4219