

POST-OP CO-MANAGEMENT RESULTS

PATIENT INFORMATION

Name _____ DOB: _____

Visitor Number 1 2 3 4 5 Date _____

Co-managing Physician _____

Type of Surgery _____

Date of Surgery _____

VA with new Rx OD _____ OS _____

Keratometry OD _____ OS _____

Manifest OD _____ x _____ 20/ _____

 OS _____ x _____ 20/ _____

 Add _____ 20/ _____

CONFONTATION FIELDS

Applanation Tonometry OD _____ OS _____

Slit Lamp Examination	Normal	Comments
Lids/Lashes	_____	_____
Conj/Sclera	_____	_____
Corner	_____	_____
Ant. Chamber	_____	_____
Lens	_____	_____
Vitreous	_____	_____

Fundus _____

Impression _____

Plan _____

Signature _____