SURGERY POST-OP REPORT
ATTN: SURGERY SCHEDULING
☎ 414.977.3375
414.272.3932

MILWAUKEE EYE CARE
EST. 1933

PATIENT NAME: _____ DOB: _____

REFERRING OD: _____ LOCATION: _____

○ Jason N. Edmonds, MD ○ Nicholas J. Frame, MD ○ Mackenzie M. Sward, MD

OPERATED EYE / SURGERY DATE: OD: _____ OS: _____

Today's Post-Op Visit Date: _____ is Post-Op Visit # ○1 ○2 ○3

Uncorrected VA	OD	OS
Distance		
Near		

IOP: OD _____ OS _____

REFRACTION				
OD				20 / _____
OS				20 / _____
ADD OD				J _____
ADD OS				J _____

Cornea

Striae	neg	+1	+2	+3	+4
Edema	neg	+1	+2	+3	+4

Anterior Chamber

Depth		+1	+2	+3	+4
Hypopyon	neg	+1	+2	+3	+4
Blood in Chamber	neg	+1	+2	+3	+4
Cells & Flare	neg	+1	+2	+3	+4

Pupil	□ round	□ irregular
Seidel Negative	□ yes	□ no
Posterior Capsule	□ clear	□ hazy
Implant Position	□ centered	□ decentered

Dilated Fundus Exam Results

Attached	□ yes	□ no
Macular Edema	□ yes	□ no

Comments:

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