

See the difference experience makes™

# Follow - Up

Patient: Age: DOB: Date:

ROS  Same as visit   $\Delta$  PFSH Same as visit   $\Delta$  NEURO/PSYCH Time, place, person  Y  N | Mood/affect  Y  N

CC: S/P Phaco with IOL  OD  OS 1 day post-op

HPI: \_\_\_\_\_

\_\_\_\_\_

HPI Performed by \_\_\_\_\_ Dictated to \_\_\_\_\_

**Ocular**

Meds: Bromday 0.09% Oph. Sol 1.7mL, Vigamox 0.5% Oph. Sol. 3mL, Prednisolone Acetate 1% 5mL

VAsc OD 20/ \_\_\_\_\_ J \_\_\_\_\_ VAscOU 20/ \_\_\_\_\_

OS 20/ \_\_\_\_\_ J \_\_\_\_\_ VAsc OU J \_\_\_\_\_

sc intermediate J OD \_\_\_\_\_ OS \_\_\_\_\_

VAccOD 20/ \_\_\_\_\_ J \_\_\_\_\_ VAcc OU 20/ \_\_\_\_\_

OS 20/ \_\_\_\_\_ J \_\_\_\_\_ VAcc OU J \_\_\_\_\_

OD: \_\_\_\_\_

OS: \_\_\_\_\_

BATcc (M) OD \_\_\_\_\_ OS \_\_\_\_\_

IOP: TA / TP

T ←

Time: \_\_\_\_\_

Meds: Time: \_\_\_\_\_

Mydracyl 1%  2.5% Mydrin

Proparacaine  Fluorescein

Cylco .5 / 1%  Paremyd

Gls

OD: \_\_\_\_\_

OS: \_\_\_\_\_

Mani:

OD: \_\_\_\_\_ 20/

OS: \_\_\_\_\_ 20/

Add: \_\_\_\_\_ J \_\_\_\_\_ Dist Rx J OD \_\_\_\_\_ OS J \_\_\_\_\_

Pt. ed. on side effects of dilation to include but not limit: blurry VA (dist & near), Photophobia, and etc.  Pt wishes to proceed.  Pt declines dilation

**OD**

WNL  Abn  \_\_\_\_\_

L/L  \_\_\_\_\_

C/S  \_\_\_\_\_

K  \_\_\_\_\_

A/C  \_\_\_\_\_

I  \_\_\_\_\_

L/IOL  \_\_\_\_\_

Fundus Exam:  DO  60D  78D  90D  IDO(20D)

WNL  Abn  \_\_\_\_\_

CD  \_\_\_\_\_

ON  \_\_\_\_\_

Mac  \_\_\_\_\_

Ves  \_\_\_\_\_

Vit  \_\_\_\_\_

PR  \_\_\_\_\_

**OS**

WNL  Abn  \_\_\_\_\_

L/L  \_\_\_\_\_

C/S  \_\_\_\_\_

K  \_\_\_\_\_

A/C  \_\_\_\_\_

I  \_\_\_\_\_

L/IOL  \_\_\_\_\_

WNL  Abn  \_\_\_\_\_

CD  \_\_\_\_\_

ON  \_\_\_\_\_

Mac  \_\_\_\_\_

Ves  \_\_\_\_\_

Vit  \_\_\_\_\_

PR  \_\_\_\_\_

Discussed with patient the elective nature of surgery including risks (Blindness, corneal decompensation, infection, increased IOP, bleeding, CME, RD, PCO, loss of vision, inability to achieve 20/20 p/o, need for further surgery, etc.) benefits, and alternative treatments.  Reviewed informed consent  Literature given  Samples given. Initial: \_\_\_\_\_

Assessment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Technician: \_\_\_\_\_

Plan: Eye Shield X 10 Days

Con't Meds: Prednisolone acetate, Vigamox TID x 2 wk

Bromday QD X 3 WK, Then Prednisolone Acetate BD

X 1 Wk

Scribe: \_\_\_\_\_ Doctor: \_\_\_\_\_