

c/m

Follow - Up

Patient: _____ Age: _____ Date: _____

ROS Same as visit Δ _____ PFSH Same as visit Δ _____ NEURO/PSYCH Time, place, person Y N I Mood/affect Y N

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

HPI: _____

Ocular HPI Performed by _____ Dictated to _____

Meds: Bromday 0.09% OPH. Sol 1.7 nl, Vigamox 0.5% Oph. Sol. 3ml, Prednisolone Acetate 1% 5 ML

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 _____

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.

IOP: TA / TP
T < _____
Time: _____

Meds: Time: _____
 Mydracyl 1% 2.5% Mydrfrin
 Proparacaine Fluorescein
 Cylco .5 / 1% Paremyd

Gls
OD: _____
OS: _____
Mani:
OD: _____ 20/
OS: _____ 20/
Add: _____ J _____ Dist Rx J OD _____ OS _____

OD

OS

WNL Abn
L/L _____
C/S _____
K _____
A/C _____
I _____
L/IOL _____

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 _____

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: _____

Plan: Eye Shield x 10 days
Cont Meds: Prednisolone Acetate, Vigamox TID x 2 wk
Bromday QD x 3 wk. Then Prednisolone Acetate
BD x 1 wk

Technician: _____

Scribe: _____ Doctor: _____