



Eyes are all we do

Professional Solutions for Cataracts, Glaucoma & Cornea

CATARACT SURGERY POST-OP SUMMARY

FAX TO: 920.499.9636

Comanaging doctor: _____

Date: _____

Patient: _____

DOB: _____

Surgery date: OD _____ OS _____

Surgeon: ☐ Dr. Tyson Schwiesow

☐ Dr. Kurt Schwiesow

☐ Dr. Matthew Thompson

☐ Dr. Kunal Patel

☐ Dr. Owen Krueger

Post op visit: OD Same day/1day 1 week 4 week 3 month Other

OS Same day/1day 1 week 4 week 3 month Other

Unaided

Pinhole

Aided

Visual Acuity: OD 20/_____
OS 20/_____ 20/_____
20/_____ 20/_____ 20/_____

Exam: (Check if normal)

Comments

____ Conjunctiva
____ Cornea
____ Pupil/Iris
____ Wound
____ Anterior Chamber
____ IOL
____ Capsule
____ Fundus
____ Fields

Tonometry: OD _____ mm Hg
OS _____ mm Hg

Refraction: OD _____ x _____
OS _____ x _____

Medications: _____ Next visit: _____

Signature: _____ Date: _____