



**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

**POST-OP EXAM FINDINGS**

**Cornea**

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

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

**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

**Dilated Fundus Exam Results**

Attached                 yes         no  
Macular Edema         yes         no

**Uncorrected VA:** Distance 20 / \_\_\_\_\_ Near 20 / \_\_\_\_\_      **IOP:** OD \_\_\_\_\_ OS \_\_\_\_\_

Refraction	
OD _____	20 / _____
OS _____	20 / _____

**Comments:**

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