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CATARACT CO-MANAGEMENT POST-OP EXAM

This form is for use by a co-managing optometrist to report postoperative exam findings after cataract surgery. For consultation requests or LASIK/PRK co-management post-op exam reporting, please use the corresponding forms. **Download all forms at www.SugarLandEye.com.**

Patient Name: _____ Date: _____

Surgery Date: _____ Phaco Phaco w/ Multifocal IOL Phaco w/ Toric IOL ECCE

Postop Exam: 1 day 3-4 day 1 wk 1 mos 3 mos 1 yr Other: _____

History: _____

Medications: Antibiotic (_____) ___x/d Steroid (_____) ___x/d
NSAID (_____) ___x/d Tears (_____) ___x/d

UNVA OU: Distance 20/_____ Near 20/_____

RIGHT: UNVA= 20/_____

LEFT: UNVA= 20/_____

Manif: _____ X _____ =20/_____ _____ X _____ =20/_____
Add + _____ =20/_____ Add + _____ =20/_____

| | | |
|-------------|-------|-------|
| Lids/Lashes | _____ | _____ |
| Conj/Slera | _____ | _____ |
| Cornea | _____ | _____ |
| Anterior Ch | _____ | _____ |
| Iris/Pupil | _____ | _____ |
| Lens | _____ | _____ |

Assessment/Plan: _____

Dr: _____ MD/OD Phone: _____

Please fax to 281-240-0479

LASIK SPECIALISTS – DISEASES & SURGERY – ADULT & PEDIATRIC

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