



Today's Date: _____

Patient Name: _____

Patient DOB: _____

SURGEON/DATE

☐ Paul F. Cacchillo, MD

☐ Patrick B. Hopen, MD

☐ Anthony J. Lombardo, MD, PhD

☐ Michael G. Orr, MD

RT _____

LT _____

SUBJECTIVE

☐ Thrilled with visual improvement

☐ Eye discomfort or pain

☐ Vision improving

☐ Vision getting worse

☐ No complaints

☐ Other _____

☐ Day 1 after surgery

☐ 1 week between eyes

☐ 2-4 weeks after surgery

☐ 100 day check (refractive)

☐ _____

EYE MEDICATIONS

☐ RT ☐ none ☐ Pred-Moxi-Nepaf tid x 1 week then bid x 3 weeks

☐ ofloxacin qid

☐ Durezol bid

☐ Ilevro qd

☐ _____

☐ LT ☐ none ☐ Pred-Moxi-Nepaf tid x 1 week then bid x 3 weeks

☐ ofloxacin qid

☐ Durezol bid

☐ Ilevro qd

☐ _____

EXAMINATION

Vsc

RT 20/ _____

LT 20/ _____

Near Vsc

RT J _____

LT J _____

IOP

RT _____ mmHg

LT _____ mmHg

REFRACTION

RT _____ 20/ _____

LT _____ 20/ _____

CONJUNCTIVA

RT LT

☐ ☐ white

☐ ☐ mild injection

☐ ☐ subconj heme

☐ ☐ other

CORNEA

RT LT

☐ ☐ clear

☐ ☐ arcuate incision(s)

☐ ☐ edema

☐ ☐ other

ANTERIOR CHAMBER

RT LT

☐ ☐ deep & quiet

☐ ☐ mild debris

☐ ☐ mild cell

☐ ☐ other

IRIS

RT LT

☐ ☐ pupil round

☐ ☐ other

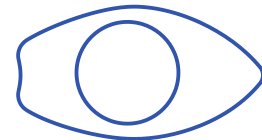
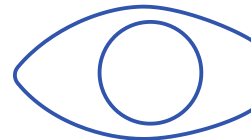
IOL

RT LT

☐ ☐ centered & normal

☐ ☐ other

R



L

POSTERIOR CAPSULE

RT LT

☐ ☐ clear

☐ ☐ fibrosis

☐ ☐ pearls

☐ ☐ other

RETINA

RT LT

☐ ☐ unchanged

☐ ☐ CME

☐ ☐ other

IMPRESSION

☐ Normal post-operative course

☐ Other _____

PLAN

☐ CPM and next visit in _____ week(s) / month(s) / year

☐ Change management _____

CO-MANAGING DOCTOR (PLEASE PRINT)

Please fax to (317) 579.7435 or email to referrals@esi-in.com

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