

**POST-OPERATIVE REPORT FOR MULTIFOCAL AND TORIC IOLs**

**JONES EYE CLINIC**

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www.joneseye.com

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Co-Manage Dr: \_\_\_\_\_

Surgery Date: OD \_\_\_\_\_ Post-op: 1 day 2 wk 3 mth 6 mth other \_\_\_\_\_  
OS \_\_\_\_\_ 1 day 2 wk 3 mth 6 mth other \_\_\_\_\_

CC: \_\_\_\_\_

Do you see glare and/or halos at night? \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_ Always  
Do you need glasses for driving/distance? \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_ Always  
Do you need glasses for reading newspaper? \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_ Always  
Are you satisfied with your current vision? Scale of 1-5, 5 is most satisfied. \_\_\_\_\_

Ocular Meds: \_\_\_\_\_

VA without correction:

OD: Distance 20/\_\_\_\_\_ Near 20/\_\_\_\_\_ Intermediate 20/\_\_\_\_\_

OS: Distance 20/\_\_\_\_\_ Near 20/\_\_\_\_\_ Intermediate 20/\_\_\_\_\_

OU: Distance 20/\_\_\_\_\_ Near 20/\_\_\_\_\_ Intermediate 20/\_\_\_\_\_

PH/SPH: OD: 20/\_\_\_\_\_ OS: 20/\_\_\_\_\_ IOP: OD: \_\_\_\_\_ OS: \_\_\_\_\_ Ta/Tp

Auto Refraction: OD \_\_\_\_\_ 20/\_\_\_\_\_

OS \_\_\_\_\_ 20/\_\_\_\_\_

Manifest Refraction: OD \_\_\_\_\_ 20/\_\_\_\_\_

OS \_\_\_\_\_ 20/\_\_\_\_\_

Auto Keratometry:

OD \_\_\_\_\_

OS \_\_\_\_\_

Manual Keratometry:

OD \_\_\_\_\_

OS \_\_\_\_\_

Slit Lamp Exam:

OD \_\_\_\_\_ OS \_\_\_\_\_

Conjunctiva

Cornea

Iris

Anterior Chamber

IOL Position

Incision

Posterior Capsule

Retina/Mac

Recommendation/Plan: \_\_\_\_\_

Doctors Signature: \_\_\_\_\_