



Referring Doctor: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Surgery: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Surgeon:** \_\_\_\_\_ Howard Amiel  
 \_\_\_\_\_ Isha Gupta  
 \_\_\_\_\_ Shipra Gupta  
 \_\_\_\_\_ C. Starck Johnson  
 \_\_\_\_\_ Richard Stewart

**Fax To:** Lone Tree 303.347.1341  
 Boulder 303.593.2199  
 Arvada 303.347.1341  
 Denver 303.671.2879  
 Yale & Lowry

**OD** Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_ Post-op: 1 day 1 week 1 month 3 month other: \_\_\_\_\_  
 Type of IOL: \_\_\_\_\_ Post Op Goal: \_\_\_\_\_ Meds: \_\_\_\_\_ - \_\_\_\_\_  
 UCVA: 20/\_\_\_\_ PH: 20/\_\_\_\_ IOP: \_\_\_\_mmHg @ \_\_\_\_ am / pm MR: \_\_\_\_\_ x \_\_\_\_\_ 20/\_\_\_\_  
**Cornea:** Incision: Normal Open  
 Edema: None Trace 1+ 2+ 3+ 4+  
 Striae: None Trace 1+ 2+ 3+ 4+  
**Anterior Chamber:** Cells/Flare: Clear Trace 1+ 2+ 3+ 4+  
**Pupil:** Round Irregular  
**IOL:** Centered Decentered  
**Posterior Capsule:** Clear \_\_\_\_ + Haze \_\_\_\_ + Wrinkles  
**Macula:** Clear CME other: \_\_\_\_\_

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**Macula:** Clear CME other: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dr. Signature: \_\_\_\_\_