



Cataract Scheduling Office  
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**Post op Comanagement Form**

Referring Doctor: \_\_\_\_\_  
Surgeon: \_\_\_\_\_  
Operation Date: \_\_\_\_\_

Office #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Office #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Patient name: \_\_\_\_\_  
DOB: \_\_\_\_\_

Today's date: \_\_\_\_\_

**OD** Date of surgery \_\_\_\_\_  
Post op: 1 Day 1 week 1 mo 3 mo other: \_\_\_\_\_  
Drops: \_\_\_\_\_

**OS** Date of surgery \_\_\_\_\_  
Post op: 1 Day 1 week 1 mo 3 mo other: \_\_\_\_\_  
Drops: \_\_\_\_\_

UCVA: 20/ \_\_\_\_\_ PH:20/  
IOP \_\_\_mm Hg

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IOP \_\_\_mm Hg

Mrx: \_\_\_\_\_ 20/

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Cornea:  
Incision: normal, seidel negative other: \_\_\_\_\_  
Microcystic edema: none 1+ 2+ 3+ 4+  
Descemet's folds: none 1+ 2+ 3+ 4+

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Incision: normal, seidel negative other: \_\_\_\_\_  
Microcystic edema: none 1+ 2+ 3+ 4+  
Descemet's folds: none 1+ 2+ 3+ 4+

A/C:  
Depth: 1+ 2+ 3+ 4+ flat  
Cells: 1+ 2+ 3+ 4+ quiet

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Depth: 1+ 2+ 3+ 4+ flat  
Cells: 1+ 2+ 3+ 4+ quiet

Pupils: round / irregular / TIDs  
IOL: centered and clear other: \_\_\_\_\_

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IOL: centered and clear other: \_\_\_\_\_

Macula: flat CME

Macula: flat/CME, peripheral retinal pathology \_\_\_\_\_

Dr. \_\_\_\_\_

Dr. \_\_\_\_\_