



Cataract Scheduling Office  
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**Pre-operative Co-Management Form**

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

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

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

DOB: \_\_\_\_\_

PMHx: Diabetes, HTN, lung disease, heart disease  
POhx: LASIK,PRK, RK \_\_\_incisions, mac on/off detachment  
vitrectomy, retinal tear, glaucoma, CME, CRVO, blepharoptosis  
Meds: Flomax /tamsulosin Terasozin

Lens: Cortical: 1+ 2+ 3+ 4+  
Nuclear: 1+ 2+ 3+ 4+  
PSC: 1+ 2+ 3+ 4+  
Vacuoles: Y or N  
Brunescent: Y or N  
White: Y or N

BCVA:  
OD: 20/ PH:20/  
OS: 20/ PH:20/

Phacodonesis: Y or N  
Pseudoexfoliation: Y or N  
Trauma: Y or N

IOP \_\_\_/\_\_\_mm Hg

Previous lens: \_\_\_\_\_

Mrx:  
OD: \_\_\_\_\_ 20/  
OS: \_\_\_\_\_ 20/

Dilated:  
C/D:  
Macula: CME ERM  
Periphery: retinopathy other: \_\_\_\_\_

Pupillary dilation: < 4mm, 5-6 mm, > 7mm

Lids: ptosis blepharitis  
Cornea: guttata other: \_\_\_\_\_  
LASIK/ PRK Y or N

Possible MIGS (istent/cypass/xen)? Y or N

A/C:  
Depth: 1+ 2+ 3+ 4+  
Synechiae Y or N  
Pupils: round / irregular / TIDs

Other pertinent information: \_\_\_\_\_

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

