



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

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

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

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

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

**Surgeon:**

- \_\_\_\_ Howard Amiel
- \_\_\_\_ Katie Goldhair
- \_\_\_\_ Shipra Gupta
- \_\_\_\_ C. Starck Johnson
- \_\_\_\_ Gregory Kouyoumdjian
- \_\_\_\_ Stephanie Muylaert
- \_\_\_\_ Richard Stewart

**Fax To:**

- Lone Tree 303.347.1341
- Boulder 303.593.2199
- Arvada 303.347.1341
- Denver 303.671.2879

**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: \_\_\_\_\_

**OS** Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_ Post-op: 1 day 1 week 1 month 3 month other: \_\_\_\_\_

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

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

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