



Dr. Joseph Leong-Sit MD FRCS (C)
Ophthalmologist, Corneal and External Disease, Anterior Segment Surgery

Dr. Dean Mah MD FRCS (C)
Ophthalmologist, Corneal and External Disease, Anterior Segment Surgery

Dr. Jessica Ting MD FRCS (C)
Ophthalmologist, Corneal and External Disease, Anterior Segment Surgery

Dr. Khaliq Kurji MSc MD FRCS(C)
Ophthalmologists, Corneal and External Disease, Anterior Segment Surgery

Cataract Post Operative (1 day or 2/6 week) Visit

Optometrist:

Appointment Date:

Patient Info

Physician:

Name:
DOB:
AHC:

POST OPERATIVE EYE:
NEXT Surgery Date (if applicable):

SURGERY DATE:

Optometrist to fill out below charting information

History: _____

Autorefract OD: _____ K's: OD _____

Autorefract OS: _____ K's: OS _____

VAOD: _____ Manifest OD: _____ BCVA OD: _____ IOP OD: _____
(unaided)

VAOS: _____ Manifest OS: _____ BCVA OS: _____ IOP OS: _____
(unaided)

Slit Lamp: _____

Plan: _____

Notes: _____

Physician Signature:

Date: _____

**PLEASE fax completed post op to 780-433-2247 ASAP.
(Minimum 2 days prior to next surgery date)**