



**Dr. Joseph Leong-Sit MD FRCS (C)**  
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Ophthalmologist, Corneal and External Disease, Anterior Segment Surgery  
**Dr. Samir Nazarali MD, FRCS(C), DABO**  
Ophthalmologist, Cornea and External Disease, Anterior Segment Surgery  
**Dr. Jessica Ting MD FRCS (C)**  
Comprehensive Ophthalmologist

### **Cataract Post Operative (2/6 week) Visit**

#### **Optometrist**

**NAME:**

**Appointment Date:**

**FAX:**

#### **Patient Info**

**Name:**

**Surgeon:**

**D.O.B:**

**AHC:**

**POST OPERATIVE EYE: OD/OS**

**FIRST SURGERY Date:**

**SECOND 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)**