

IOL Pre-Operative Work-up

Date of Appointment

Patient's Name

Referred by

Patient's Date of Birth

Patient's Phone Number

Refraction

OD _____ VA _____ OS _____ VA _____

Keratometry

Manual Auto Topography Biometry

OD _____ OS _____

Schirmer's

OD _____ mm OS _____ mm 5 minutes, with anesthetic

Corneal Topography

Performed and Enclosed Not Performed

OCT – Retina

Performed and Enclosed Not Performed

Pre-Operative Counseling

Discussed lens options, educational brochure given, disclosed fees and financing for lens, informed of co-management of care.

IOL Recommendation

Monofocal Toric *Symfony/ReSTOR*[®] *Symfony Toric*[®]

Signed: _____ Date: _____

Co-management form signed by patient