

# EYE CARE OF DELAWARE LLC

## Cataract Surgery 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

Basic (Monofocal)     Custom Distance (Femto/Toric)     Expanded Range (Symfony/ Symfony Toric®) (PanOptix/PanOptix Toric®)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Co-management form signed by patient