



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 ☐ Basic Plus ☐ Toric ☐ Expanded Range ☐ Light Adjustable
(Monofocal) (Femto/Toric) (PanOptix/PanOptix Toric) Lens
(Odyssey/Odyssey Toric)

Signed: _____ Date: _____

☐ Co-management form signed by patient