

## Post-op cataract optometrist's report

Dear Optometrist,

Your patient has recently had surgery under my care in the private sector. In an effort to continually monitor and improve our surgical outcomes, it is helpful to know the ultimate refraction and visual acuity achieved by the patient. I would be very grateful if you would fill in this form and return it to me by secure email or regular mail to my office address above.

### Patient details:

Name  Date of Birth   
Address   
 Postcode

### Optometrist's details:

Name  Date readings taken   
Address   
 Postcode

### Operation:

phacoemulsification cataract surgery + IOL Date of operation

### Optometrist's information:

Right eye			Left eye									
Sph	<input type="text"/>	Cyl	<input type="text"/>	Axis	<input type="text"/>	Refraction	Sph	<input type="text"/>	Cyl	<input type="text"/>	Axis	<input type="text"/>
Unaided	<input type="text"/>					Visual acuity	Unaided	<input type="text"/>				
Best corrected (D&N)	<input type="text"/>					Visual acuity	Best corrected (D&N)	<input type="text"/>				
<input type="text"/>							Unaided near if EDOF, Multifocal or planned myopic outcome	<input type="text"/>				
Optometrist's Signature							<input type="text"/>	Date		<input type="text"/>		

### Patient satisfaction for patients with Multifocal IOLs or EDOF IOLs: (please delete)

Dependence on spectacles for near tasks Yes  No

Dependence on spectacles for intermediate tasks Yes  No

I have difficulties at night due to starburst / bright lights Yes  No

I manage reasonably well despite halos and glare Yes  No

I would recommend the same surgery with the same type of lens implant to a friend or relative Yes  No

Comments