



NEBRASKA LASER EYE™  
A S S O C I A T E S

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CATARACT POST-OPERATIVE REPORT

Dr. \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ AM PM  
Pt: \_\_\_\_\_  
History: \_\_\_\_\_  
Date of Procedure: OD \_\_\_\_/\_\_\_\_/\_\_\_\_  
OS \_\_\_\_/\_\_\_\_/\_\_\_\_  
Post Op: 1day 1wk 2wks 1month other \_\_\_\_\_

Current Ocular Medications: Pred Forte Zymaxid/Vigamox Other \_\_\_\_\_

**Examination**

		distance		Near
Uncorrected	OU 20/ _____	OD 20/ _____		OD 20/ _____
Visual Acuity		OS 20/ _____	J	OS 20/ _____
Manifest Refraction		OD _____ 20/ _____		OS _____ 20/ _____
IOP		OD _____ mmHg		OS _____ mmHg

**OD      SLE      OS**

(Circle appropriate description)

closed		<b>Incision</b>	Closed	
clear	injected	<b>Conjunctiva</b>	clear	injected
clear	_____ +striae	<b>Cornea</b>	clear	_____ +striae
deep and quiet	_____ +cells	<b>Anterior chamber</b>	deep and quiet	_____ +cells
in position/centered	decentered	<b>IOL</b>	in position/centered	decentered
clear	_____ +haze	<b>Posterior capsule</b>	clear	_____ +haze

Impression/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan: Pred Forte      qid bid D/C      RTC: 1wk 2wks 1mo 3mo 6mo 1yr prn  
Zymaxid/Vigamox      qid bid D/C