Post-Operative Cataract + RLE Assessment

re:VISION Laser & Cataract

Attention: ◯ Dr Trevor Gray ◯ Dr Mo Ziaei

Re:Vision Reference Number _____ Assessment Date _____

Patient Name _____ Referring Optometrist _____

Address _____ Address _____

DOB _____ Phone _____

Phone - Work _____ Home _____ Mobile _____

Email _____

Date of Surgery _____

Follow-up interval ◯ 1 week ◯ 4 week ◯ Other _____

Examination

	Right (OD)	Left (OS)
Unaided visual acuity	6/	6/
Binocular unaided visual acuity	Distance 6/	Near
Near vision - if appropriate	N	N
Subjective refraction at 4 wks	6/	6/
IOP	mmHg	mmHg
Post CE/RLE examination	◯ AC cells 0-5 ◯ Incisions ◯ IOL position ◯ Oedema ◯ Other _____	◯ AC cells 0-5 ◯ Incisions ◯ IOL position ◯ Oedema ◯ Other _____

Comments _____

Patient Satisfaction ◯ Very happy ◯ Happy ◯ Neutral ◯ Unhappy ◯ Dissatisfied

List medication to be continued _____

Next follow-up appointment _____ ◯ Disharged

◯ Surgeon to call optometrist ◯ Surgeon to call patient ◯ Refer back to refractive surgeon

Signed _____ Date _____

6C Pacific Rise, Sylvia Park, Mt Wellington, 1060
PO Box 132337, Sylvia Park, Auckland, 1644

Free : 0800 55 20 20
P : 09 222 2020

F : 09 222 2021
E : reception@re.vision.nz

W : www.re.vision.nz