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CATARACT CO-MANAGEMENT POST-OP EXAM

This form is for use by a co-managing optometrist to report postoperative exam findings after cataract surgery.

Patient Name: _____ Date: _____

Surgery Date: _____ Phaco Phaco w/ Multifocal IOL Phaco w/ Toric IOL ECCE

Postop Exam: 1 day 3-4 day 1 wk 1 mos 3 mos 1 yr Other: _____

History: _____

Medications: Antibiotic (_____) ___x/d Steroid (_____) ___x/d

NSAID (_____) ___x/d Tears (_____) ___x/d

UNVA OU: Distance 20/____ Near 20/____

RIGHT: UNVA= 20/____

LEFT: UNVA= 20/____

Manif: _____ X _____ =20/____ _____ X _____ =20/____

Add + _____ =20/____ Add + _____ =20/____

Lids/Lashes	_____	_____
Conj/Slera	_____	_____
Cornea	_____	_____
Anterior Ch	_____	_____
Iris/Pupil	_____	_____
Lens	_____	_____

Assessment/Plan: _____

Dr: _____ MD/OD Phone: _____

Please fax to 281-240-0479

LASIK SPECIALISTS – DISEASES & SURGERY – ADULT & PEDIATRIC

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NAME _____ AGE _____

ADDRESS _____ DATE _____

R

- Prednisolone Acetate 1%
1 gtt (right / left / both) eye(s) q2h WA for day 1 then qid for days 2-7
start after procedure
Dispense: 1 10cc bottle, 1 refill

- Zymaxid
1 gtt (right / left / both) eye(s) qid x 1 week
start after procedure
Dispense: 1 bottle, 1 refill

- Restasis
1 gtt (right / left / both) eye(s) bid
start immediately
Dispense: 1 copay = 1month = 1 box = 60 vials, 1 refill

- Valium 5 mg
Take 1 tablet 1 hour before procedure and repeat if directed
Dispense: 3 tablets

- Ambien 5 mg
Take 1 tablet after procedure and repeat if directed
Dispense: 3 tablets

SIGNATURE: _____ NAME: _____

PHONE: _____ DEA: _____ DPS: _____

GENERIC SUBSTITUTION UNLESS CHECKED HERE

SPANISH LABEL