

DATE OF VISIT: ___/___/___ 104.358
 DATE OF SCHEDULED SURGERY: ___/___/___
 104.191

Patient ID _____
 Physician ID _____
 Clinic/Site ID _____
 0.0.0, 104.52, 104.53
 Form filled out by (check one):
Physician NP/PA
Resident OD
Technician Other
 104.370

**Postoperative Evaluation
 Cataract Form 3.4**

TO BE COMPLETED BY PHYSICIAN
 (APPROX. SIX WEEKS, 2-8 WEEKS, AFTER SURGERY)

EARLY DATA COLLECTION-OPTIONAL

Date of Visit: ___/___/___
 104.358

Eye Examination

Test visual acuity for both eyes, regardless of which one was operated on recently

104.385

Visual Acuity Vision tested with usual correction used
 Circle sc or cc for each test

ALL SHADED AREAS ARE OPTIONAL

OD					OS					
Test	Dist		BCVA	Near		BAT	Dist	BCVA	Near	BAT
Method	sc	cc		sc	cc		sc	cc	sc	cc
20/20						20/20				
20/25						20/25				
20/30						20/30				
20/40						20/40				
20/50						20/50				
20/60						20/60				
20/70						20/70				
20/80						20/80				
20/100						20/100				
20/200						20/200				
20/300						20/300				
20/400						20/400				
/CF						/CF				
/HM						/HM				
/LP						/LP				
NLP						NLP				

Complete the following **only** for the recently operated eye:

OPERATED EYE OD OS

104.386.1-
 104.386.8

Manifest Refraction Sph _____ Cyl _____ Axis _____
 K readings: _____ @ _____ x _____ @ _____

IF YOU ARE NOT COLLECTING EARLY DATA, GO TO NEXT PAGE

Patient ID	_____
Physician ID	_____
Clinic ID	_____
	0.0.0, 104.52, 104.53
Form filled out by (check one):	
<input type="checkbox"/> Physician	<input type="checkbox"/> NP/PA
<input type="checkbox"/> Resident	<input type="checkbox"/> OD
<input type="checkbox"/> Technician	<input type="checkbox"/> Other
	104.370

TO BE COMPLETED BY PHYSICIAN
 (APPROX. THREE MONTHS TO ONE YEAR AFTER SURGERY)
STANDARD DATA COLLECTION FORM 3.4

Date of Visit: ___/___/___
 104.358

OPERATED EYE OD OS 100.519

Describe the status at this visit:

Corneal edema None Present 104.387

Wound Normal Significant Bleb Present

AC cells/flare None Present

Vitreous in AC None Present

Pupil Normal Abnormal

IOL Disloc/decenter None Clinically significant

Posterior Capsule Clinically Clear Visually significant opacity
 Retained cortex
 SP Yag

Glaucoma None Present, improved control
 Present, unchanged
 Worse

Fundus Findings (Including optic nerve) Same as Pre-op Uncovered pre-existing disease 104.388
 Other **new** visually significant post-op disease

Present at any time post-op:

Hyphema None Present 104.389
 Endophthalmitis None Present
 Clinical CME requiring treatment None Present
 Retinal detachment None Present

Interventions:

Yag Capsulotomy Not done Done — date ___/___/___ 104.390
 Post-op astigmatic keratotomy (as separate procedure)
 Not done Done — date ___/___/___
 Operation required management of post-op complications: No Yes If yes, type _____
 Eyeglass Rx given Not done Done — date ___/___/___

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 -Circle sc or cc for each test

ALL SHADED AREAS ARE OPTIONAL

OD					OS				
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Method	sc cc		sc cc			sc cc		sc cc	
20/20					20/20				
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/LP					/LP				
NLP					NLP				

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OPERATEDEYE **OD** **OS**

Manifest Refraction Sph _____ Cyl _____ Axis _____

K readings: _____ @ _____ x _____ @ _____

104.386.1-
 104.386-8