



ADELAIDE
eye&laser
CENTRE

MEDICAL - IN - CONFIDENCE

CATARACT POST OPERATIVE DATA FORM

Thank you for seeing this mutual patient for their post-operative 3 to 6 week appointment and for your time in completing this information. Post-operative refraction results will aid us in monitoring the individual outcome of our patient as well as assisting us with our overall clinical outcome data analysis.

PATIENT DETAILS

SURNAME	FIRST NAME(S)	DATE OF BIRTH
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ADDRESS

EXAMINATION DATA

DATE / /	RIGHT EYE		LEFT EYE	
	UCVA	BCVA	UCVA	BCVA
DISTANCE REFRACTION / x		DISTANCE REFRACTION / x		

GENERAL COMMENTS

PRACTITIONER DETAILS

STAMP

If you have any further queries or comments regarding the management of our patient, please do not hesitate to contact the Centre on 8274 7000.

PLEASE POST OR FAX TO:

Adelaide Eye & Laser Centre
215 Greenhill Road
EASTWOOD SA 5063
Ph: 8274 7000
Fax: 8274 7099