

KAMRA Corneal Inlay Quality Assurance

1 WEEK to 12 MONTH POST-OP REPORT



To help maintain the highest quality outcomes, we appreciate information from your 1-week, 1, 3, 6 and 12-month post-op exams. Please complete and return this form at your earliest convenience. Exam details are available in our KAMRA Inlay OD Clinical Pearls booklet.

Thank you for sharing your exam findings.

Patient's Name _____ DOB _____ Date of Exam _____

SUBJECTIVE _____

OBJECTIVE

KAMRA eye OD OS

Date of surgery _____

This exam 1 week 1 month 3 month 6 month 12 month

Uncorrected VA at: Distance Intermediate 32" Near 16" UCVA only requested for the KAMRA eye and OU.

OD 20/_____ J _____ J _____

OS 20/_____ J _____ J _____

OU 20/_____ J _____ J _____

Manifest refraction _____ - _____ x _____ 20/_____

Slit lamp exam Abnormal findings _____

Dry eye evaluation _____

IOP _____ mm Hg

Topography Recommended at 1, 3, 6 and 12 months to monitor for changes.

ASSESSMENT _____

PLAN _____

How do you rate this patient's satisfaction? Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

If patient is not satisfied with their near vision after 3 months, perform a mid-point refraction as discussed on pages 20 and 21 of our *KAMRA Inlay OD Clinical Pearls* booklet. Call us for a copy or view the PDF on our website.

Comments _____

Please contact us by telephone if you need assistance with any post-operative condition.

Physician Name _____ Signature _____
Please Print