

# 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