Cataract Surgery Quality Assurance 1 Day Post-op Report



Patient's Name	DOB		_ Date c	_ Date of Surgery				
Operative Eye ☐ OD ☐ OS	Pre-op Best Corrected VA 20/							
SUBJECTIVE								
OBJECTIVE								
Uncorrected VA OD 20/	Conjunctiva	injection edema	☐ none ☐ none	☐ 1+ ☐ 1+	□ 2+ □ 2+	□ 3+ □ 3+	☐ 4+ ☐ 4+	
OS 20/	Wound	☐ intact ☐ leak ☐ other						
	Cornea	epithelial edema stromal edema	□ none	☐ 1+ ☐ 1+	□ 2+ □ 2+	□ 3+ □ 3+	☐ 4+ ☐ 4+	
Pinhole VA OD 20/	AC	□ well formed□ shallowcells□ other			□2+		☐ 4 +	
OS 20/	Pupil	round and cer	ntered					
IOP ☐ air ☐ applanation mm Hg	IOL	☐ well positioned☐ displaced mm☐ dislocated						
	Capsule	☐ intact ☐ opened						
ASSESSMENT		PLAN						
Comments								
Please contact us by telephone if	you need assistance wit	h any post-operativ	ve condition	٦.				
Physician Name	Please Print	Signat	ture					