K Card

Pre- & Post-operative Refractive Surgery Information





International Society of Refractive Surgery of the American Academy of Ophthalmology

Please complete this fo	orm and give it to	your patients fo	r their use in the event o	f future cataract surgery.
Patie	nt name:			
Date of surgery or retre	eatment:			
Refractive surged	on name:			
Surgoo	n nhono:			
Surgeon	i priorie	•••••		
		• • • • • • • •	• • • • • • • •	
Date of pre-operative rea	adings:			
Dight ave are appretive	uafua ati a m	an h a va	ور بازی وارد	avia
Right eye pre-operative				axis
	at vertex d	istance	mm	
Left eye pre-operative re	fraction:	sphere	cylinder	axis
at vertex distancemm				
Right eye pre-operative	keratometry:		(D) K1	(D) K2
Left ove pre enerative ke	aratom otru		(D) V1	(D) K2
Left eye pre-operative ke	eratometry:		(D) K1	(D) KZ
Intended refractive correction:right eye				left eye
Right eye post-operative	refraction;	sphere	cylinder	axis
Left eye post-operative r	efraction:	snhara	cylinder	axis
zerecyc post operative i			cymraci	