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Pre- & Post-operative Refractive Surgery Information

American Academy of Ophthalmology
The Eye M.D. Association

ISRS | AAO
International Society of Refractive Surgery of the American Academy of Ophthalmology

Please complete this form and give it to your patients for their use in the event of future cataract surgery.

Patient name: .....

Date of surgery or retreatment: .....

Refractive surgeon name: .....

Surgeon phone: .....

Date of pre-operative readings: .....

Right eye pre-operative refraction: ..... sphere ..... cylinder ..... axis

at vertex distance ..... mm

Left eye pre-operative refraction: ..... sphere ..... cylinder ..... axis

at vertex distance ..... mm

Right eye pre-operative keratometry: ..... (D) K1 ..... (D) K2

Left eye pre-operative keratometry: ..... (D) K1 ..... (D) K2

Intended refractive correction: ..... right eye ..... left eye

Right eye post-operative refraction: ..... sphere ..... cylinder ..... axis

Left eye post-operative refraction: ..... sphere ..... cylinder ..... axis