



# EVERGREEN EYE CENTER

## Post Operative Cataract Report

Patient: \_\_\_\_\_ D.O.B: \_\_\_\_\_ M/F \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Referring Dr. \_\_\_\_\_ O.D./M.D.

### Cataract Surgery Dates

OD: \_\_\_\_\_ Monofocal Presbyopia Lens

OS: \_\_\_\_\_ Monofocal Presbyopia Lens

Va sc OD 20/ \_\_\_\_\_ OS 20/ \_\_\_\_\_

**John S. Jarstad, MD**  
Board Certified – Eye M.D.  
Cataract Surgery  
Laser Vision Correction

### Post Operative Exam

**Robert A. Tester, MD**  
Board Certified – Eye M.D.  
Comprehensive Ophthalmology

**Gary W. Chung, MD**  
Board Certified – Eye M.D.  
Cornea & External Diseases  
Laser Vision Correction

**Linda E. Day, MD**  
Board Certified – Eye M.D.  
Vitreoretinal Diseases & Surgery

**Bradley A. Frederickson, OD**  
Optometric Physician

**Richard A. Boudreau, COE**  
Certified Ophthalmic Executive  
Administrator

OD:  1 Day  1 Week  2 Weeks  \_\_\_\_\_ Other

OS:  1 Day  1 Week  2 Weeks  \_\_\_\_\_ Other

MR: OD \_\_\_\_\_ 20/ \_\_\_\_\_ OS \_\_\_\_\_ 20/ \_\_\_\_\_

OD

OS

TA	_____	_____
Conj	_____	_____
Cornea	_____	_____
A/C	_____	_____
Lens	_____	_____
Fundus	_____	_____

Assessment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
OD/MD