



# EVERGREEN EYE CENTER

## Post Operative Cataract Report

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

Physician Name \_\_\_\_\_

### Cataract Surgery Dates

OD: \_\_\_\_\_ Monofocal/Presbyopia-Correcting Lens

OS: \_\_\_\_\_ Monofocal/Presbyopia-Correcting Lens

### Post Operative Exam

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

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

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

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

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

Va sc    OD 20/    OS 20/

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

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

TA    OD \_\_\_\_\_    OS \_\_\_\_\_

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

OD    OS

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

Conj \_\_\_\_\_

Cornea \_\_\_\_\_

A/C \_\_\_\_\_

Lens \_\_\_\_\_

Posterior Capsule \_\_\_\_\_

Fundus \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Physician Signature \_\_\_\_\_