

Patient Name: _____	DOB: _____
Exam Date: _____	Procedure Date: _____

OD

Refractive Cataract 3 Month Post-op

Monofocal Trifocal EDOF
 Monovision Toric FS laser

UCVA **IOP**
 20/_____ _____

M _____ X _____ 20/
C

Comments:

OS

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 20/_____ _____

M _____ X _____ 20/
C

Comments:

Refractive Cataract Surgery Patient Satisfaction Survey

Wearing glasses for distance? Never Occassionally Always

Wearing glasses for near vision? Never Occassionally Always

Quality of vision: Not satisfied Satisfied Very Satisfied

General comments about experience at Herzig Eye Institute:

Referring Doctor:		Billing Number:	
Address:		Comments:	
Phone:	Fax:		
Email:			