

PH: 416-929-2020 (Toronto) 613-800-1680 (Ottawa)

Fax: 416-929-0232 (Toronto) 613-800-0718 (Ottawa)

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Exam Date: \_\_\_\_\_

Procedure Date: \_\_\_\_\_

Kindly submit completed report between 1-12 months (ORA) or 3-12 months (LAL) post-operatively. Please no auto-refractions.  
The Data Collection Program is only applicable to Refractive Cataract Surgery patients.

### Refractive Cataract Post-op (OD)

### Refractive Cataract Post-op (OS)

Monofocal	Multifocal	Monofocal+
Monovision	Toric	Light Adjustable Lens (LAL)

Monofocal	Multifocal	Monofocal+
Monovision	Toric	Light Adjustable Lens (LAL)

	OD	OS	OU
<b>Distance</b>	SC: 20/	20/	
<b>IMNV (60 cm)</b>	SC: J	J	J
<b>NV (40 cm)</b>	SC: J	J	J
<b>IOP</b>			
<b>MR</b>	x 20/	x 20/	
<b>Slit Lamp</b>			
<b>Comments</b>			

### Refractive Cataract Surgery Patient Satisfaction Survey

**Wearing glasses for distance?**      Never      Occasionally      Always

**Wearing glasses for near vision?**      Never      Occasionally      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: