

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+	Monofocal	Multifocal	Monofocal+
Monovision	Toric	Light Adjustable Lens (LAL)	Monovision	Toric	Light Adjustable Lens (LAL)
	<b>OD</b>		<b>OS</b>		<b>OU</b>
Distance	SC: 20/		20/		
IMNV (60 cm)	SC: J		J		J
NV (40 cm)	SC: J		J		J
IOP					
MR	x 20/		x 20/		
Slit Lamp					
Comments					

### 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:		