

PHILIPPINE ACADEMY OF OPHTHALMOLOGY
CATARACT MONITORING FORM
INDIVIDUAL SURGICAL PATIENT REPORT

A. GENERAL INFORMATION:

Mission Date/s: _____
Mission Group: _____
Mission Venue: _____
Surgeon: _____
Assist: _____
Mission Leader: _____
Name of Patient: _____ Sex: _____ Age: _____
Address: _____

B. PREOPERATIVE ASSESSMENT:

VA (OD) ph SL FINDINGS:
 (OS) ph
Diagnosis:
Plan:

C. SURGICAL INTERVENTION:

Surgical procedure:
Complication/s:

_____ MD
(Signature over Printed name of Surgeon)

D. POSTOPERATIVE ASSESSMENT:

Date:
POD1 VA (OD) ph SL FINDINGS:
 (OS) ph

 IOP (OD)
 (OS)

_____ MD
(Signature over Printed name)

Date:
POM1 VA (OD) ph SL FINDINGS:
 (OS) ph

 IOP (OD)
 (OS)

_____ MD
(Signature over Printed name)

Date:
POM2 VA (OD) ph
 (OS) ph
 Refraction (OD) BCVA (OD)
 (OS) (OS)
 Add (OU) SL FINDINGS:

 IOP (OD)
 (OS)

_____ MD
(Signature over Printed name)

***REMARKS/COMMENTS at the back of the sheet, please