

McLAREN FLINT
Flint, Michigan

POST-OPERATIVE/PROCEDURE NOTE FOR CATARACT SURGERY

NOTATIONS

All Bold Elements REQUIRED by CMS & Joint Commission. Please Fully Complete.

Pre - Operative Diagnosis: Left Eye Cataract Right Eye Cataract

Post - Operative Diagnosis: Left Eye Cataract Right Eye Cataract

Procedure(s) Performed: Left Eye Right Eye

Removal of cataract with insertion of intraocular lens prosthesis.

Physician/Surgeon(s):

Assistant(s): None

Dr. Aggarwal Dr. Alrawi

Dr. Cukrowski Dr. Diskin Dr. Herzog

Dr. Keoleian Dr. McNally Dr. Rohr

Dr. Ryan Dr. Stack Dr. Waters

No Specimens unless noted: _____

No Blood loss unless noted: _____

Findings:

Left Eye Cataract Right Eye Cataract

Anesthesia: General

Complications:

Local

No Complications Unless Noted _____

IV Sedation

Teaching Physician Addendum:

Physician's Signature: _____ Date/Time: _____

