



105 Brandt Drive, Suite 201 (2nd Floor)
Cranberry Township, PA 16066
Phone 724.772.5420 | Fax 724.772.5423

Patient Name: _____ **DOB:** ____/____/____

Surgeon: Dr. William Christie Dr. Christopher Spearman Dr. Sara Stewart

Right Eye Postoperative Exam Date: _____

Left Eye Postoperative Exam Date: _____

(Please attach the most recent chart note and refraction)

Postoperative Concerns: _____

Relevant exam findings: _____

VA: OD _____ **OS** _____

IOP: OD _____ **OS** _____

Postoperative Refraction: OD _____ **20/** _____

OS _____ **20/** _____

Patient Satisfaction: Very Happy Satisfied Dissatisfied

Additional Comments:

Optometrist Signature: _____