

# K Card

## Pre- & Post-operative Refractive Surgery Information



Please complete this form and give it to your patients for their use in the event of future cataract surgery.

Patient name: .....

Date of surgery or retreatment: .....

Refractive surgeon name: .....

Surgeon phone: .....

Date of pre-operative readings: .....

Right eye pre-operative refraction: ..... sphere ..... cylinder ..... axis  
at vertex distance ..... mm

Left eye pre-operative refraction: ..... sphere ..... cylinder ..... axis  
at vertex distance ..... mm

Right eye pre-operative keratometry: ..... (D) K1 ..... (D) K2

Left eye pre-operative keratometry: ..... (D) K1 ..... (D) K2

Intended refractive correction: ..... right eye ..... left eye

Right eye post-operative refraction: ..... sphere ..... cylinder ..... axis

Left eye post-operative refraction: ..... sphere ..... cylinder ..... axis