K Card

Pre- & Post-operative Refractive Surgery Information





International Society of Refractive Surgery of the American Academy of Ophthalmology

Please complete this form and give it to your patier	ts for their use in the event of future cataract surgery.
Patient name:	
Date of surgery or retreatment:	
Pofractivo curgoon namo:	
herractive surgeon name	
Surgeon phone:	
Date of pre-operative readings:	
Date of pre-operative readings.	
Right eye pre-operative refraction:sphe	reaxis
at vertex distance	mm
20 70	
Left eye pre-operative refraction:sphe	
at vertex distance	mm
Right eye pre-operative keratometry:	(D) K1 (D) K2
20	
Left eye pre-operative keratometry:	(D) K1 (D) K2
Intended refractive correction:	right eyeleft eye
interface refractive correction.	right cyc
Right eye post-operative refraction:sphe	reaxis
Left ave past apprative refrection.	ro culinder
Left eye post-operative refraction:sphe	recylinderaxis