



NORTHWEST EYE SURGEONS

Surgery Follow-Up Report

At NWES, we are committed to supporting and promoting healthy surgical and medical co-management policies. One responsibility we share involves communication between our offices. We appreciate your prompt completion and return of these forms to our offices, preferably by fax. This information is vital to maintaining the highest standard of cataract care for your patients. Thank you.

Patient Name: _____ DOB: _____ Appt Date: _____

Surgery Date: _____ Consulting NWES Physician: _____

Type of Surgery: _____

Additional History: _____

Is the patient happy with surgical results and experience at Northwest Eye Surgeons? _____

Post-Op Visit (check) OD ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 _____ Day _____ Week _____ Month _____ Year
OS ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 _____ Day _____ Week _____ Month _____ Year

Visual Acuity:

Tonometry: (_____ ☐AM ☐PM)

	Unaided	Pinhole	Unaided Near 16"	Unaided Near 32"	(_____ method)
OD	20/ _____	20/ _____	20/ _____	20/ _____	OD _____
OS	20/ _____	20/ _____	20/ _____	20/ _____	OS _____
OU	20/ _____	20/ _____	20/ _____	20/ _____	

Refraction:

OD _____ - _____ X _____ 20/ _____
OS _____ - _____ X _____ 20/ _____

Examination Information:

Visual/Lifestyle Complaint for 2nd Eye Surgery: _____

Next Visit: Date/Time _____ Doctor: _____

Referring Doctor: _____ Phone: _____

Address: _____

Please mail or fax to corresponding clinic:

Mount Vernon	Phone: (360) 428-2020	Fax: (360) 428-6918	1306 Roosevelt Ave, Mount Vernon WA 98273
Renton	Phone: (425) 235-1200	Fax: (425) 917-9465	1412 SW 43 rd St Ste 310, Renton WA 98057
Seattle	Phone: (206) 528-6000	Fax: (206) 528-0014	332 NE Northgate Way, Seattle WA 98125
Sequim	Phone: (360) 683-2010	Fax: (360) 683-2320	795 N 5 th Ave, Sequim WA 98382
Smokey Point	Phone: (360) 658-6224	Fax: (360) 658-6227	16404 Smokey Point Blvd Ste 303, Arlington WA 98223