Cataract Surgery Report

1. Type of intraocular lens (specify: manufacturer, monofocal, extended depth of focus, multifocal);

2. Measurements of pre-operative and post operative Higher Order Aberrations(HOA's);

3. Post operative recovery, to include note of the presence/absence of:

   a) Ocular medication use – please provide confirmation ocular medication has been discontinued. If still using ocular medication, please provide the name, dose, frequency and duration of expected use;

   b) Glare sensitivity or haloing;

   c) Night vision difficulty;

   d) Diurnal variation of vision;

   e) Contrast sensitivity;

4. Condition of eye grounds;

5. Visual acuity measured for distant and near vision, without and with correction (if required), indicating vision in each eye separately and binocular acuity. Please provide near vision in Times Roman Scale (N), or the equivalent metric scale;

6. If tropias or phorias are present in horizontal or vertical planes, please give measurement in prism diopters accompanied by opinion as to possibility of diplopia;

7. Formal measurement of visual fields to include Binocular Esterman;

8. Refractive error.