

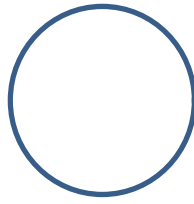
g.Povidone R

g.Povidone L

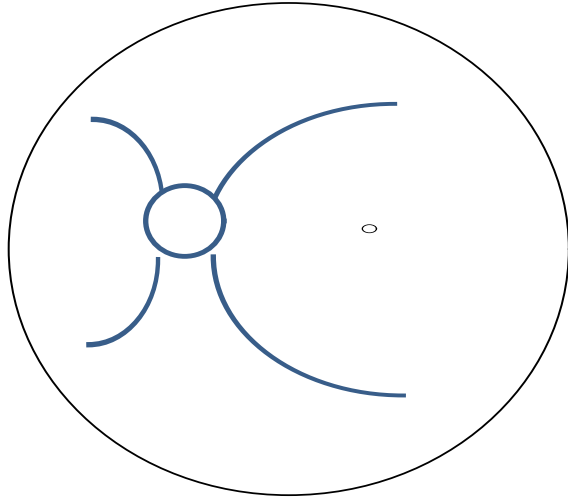
g.Benoxinate R

g.Benoxinate L

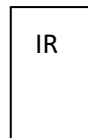
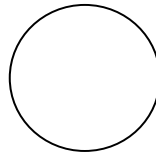
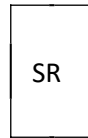
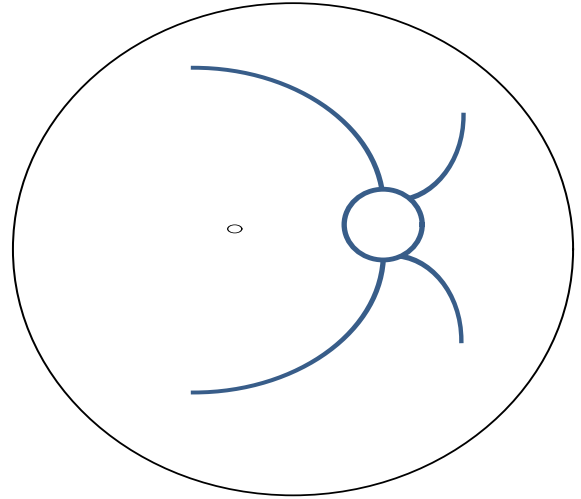
Comments:



Left Fundus



Right Fundus



POST OP MEDICATION:

Name	Eye	Frequency	Duration

POSTURE:

Position	Duration

Other post op instruction:

Discharge arrangements

FOLLOW UP

Clinic: **When:**

Signature:

Name: