

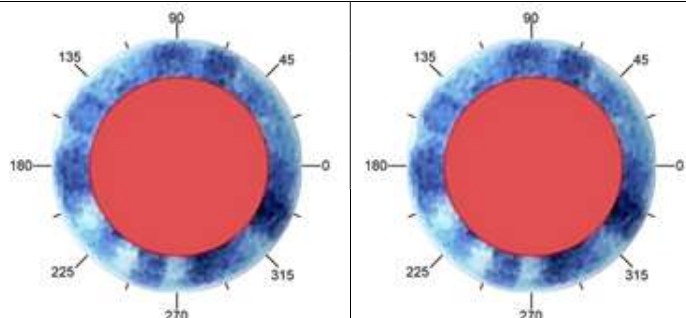
Name Age/Gender Mobile No Address	Branch Case No: Date: Ref By:
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Optical Biometry, Pre-Op Workup and Surgery Plan

	Keratometry		Topography		Astigmatism	WTW	ACD	AL
RE								
LE								
	Schirmer	IOP	Pachy	Pupil	A Kappa	Specular	Aberrometry	ROPLAS
RE								
LE								
	Formula	A-Constant	IOL Power and Model		Target Refraction	Notes		
RE								
LE								

	Anterior Segment	Posterior Segment	Refraction/UCVA/BCVA	OCT
RE				
LE				

	Special Instructions	Remarks
RE		
LE		

	Incision Planned		
RE			
LE			

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Surgery Plan and Consent

Admission Date	Admission Time	Operation Eye	Surgeon

Operation Plan	
Visual Prognosis	
Refractive Prognosis	
Ophthalmic Difficulties	
Systemic Difficulties	
Possible Complications and secondary procedures	
Expected Expense	

Patient's consent: I have read and understood the surgery plan in detail and I permit to perform the same. I have received the copy of it. Also, I understand that this is just a surgery plan. Actual execution of procedure and expense may differ from shown here in unusual situations. I agree to comply with it.

Important: This is just an overview of your personalized surgery plan. Complete details of all possible risk-factors and concerns have been mentioned in your informed consent. Please go through it carefully and sign it.

Date	Surgeon's Signature	Patient's Signature	Witness