HERZIG EYE INSTITUTE

TORONTO | OTTAWA

Data Collection Form ORA LAL

PH: 416-929-2020 (Toronto) 613-800-1680 (Ottawa)
Fax: 416-929-0232 (Toronto) 613-800-0718 (Ottawa)

Patient Name: ______________________________	**DOB:** ________________________________
Exam Date: ________________________________	**Procedure Date:** _______________________

Kindly submit completed report between 1-12 months (ORA) or 3-12 months (LAL) post-operatively. Please no auto-refractions.
The Data Collection Program is only applicable to Refractive Cataract Surgery patients.

Refractive Cataract Post-op (OD)

Monofocal Multifocal Eyhance

Monovision Toric Light Adjustable Lens (LAL)

UCVA **IOP**

20/_______ _______

M _______ _______ X ____ 20/

C

Slit Lamp:

Comments:

Refractive Cataract Post-op (OS)

Monofocal Multifocal Eyhance

Monovision Toric Light Adjustable Lens (LAL)

UCVA **IOP**

20/_______ _______

M _______ _______ X ____ 20/

C

Slit Lamp:

Comments:

Refractive Cataract Surgery Patient Satisfaction Survey

Wearing glasses for distance? Never Occasionally Always

Wearing glasses for near vision? Never Occasionally Always

Quality of vision: Not satisfied Satisfied Very Satisfied

General comments about experience at Herzig Eye Institute:

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Referring Doctor:		**Billing Number:**
Address:		**Comments:**
Phone:	**Fax:**	
Email:		