



STEVEN B. SIEPSE, M.D., F.A.C.S.  
 DIPLOMATE OF THE AMERICAN BOARD OF OPHTHALMOLOGY  
 860 East Swedesford Rd 633 West Germantown Pike  
 Wayne PA 19087 Plymouth Meeting PA 19462  
 (610) 265-2020 484-804-2600

# POST OPERATIVE REPORT

## SUBJECTIVE DATA

PATIENT NAME	SURGEON	DATE
SURGERY DATE OD OS	PROCEDURE / CODE OD / OS	DATE RELEASED OD OS

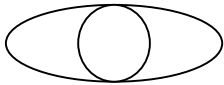
CC

## OBJECTIVE DATA

BCDV OD:	OS:	BCNV OD:	OS:
REFRACTION:	OD:	OS:	

### BIOMICROSCOPY

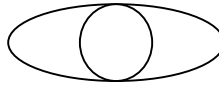
**OD**



OD

CONJ: NL OTHER:  
 WOUND: SECURE +SIEDEL  
 CORNEA: CL DRY \_\_\_GUTTATA \_\_\_EDEMA  
 AC: D M S w/ \_\_\_CELLS \_\_\_FLARE  
 PUPIL: ROUND OTHER:  
 LENS: CENTERED DISLOCATED SYNECH  
 PC: CLEAR \_\_\_HAZE OPEN \_\_\_

**OS**



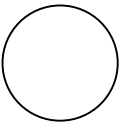
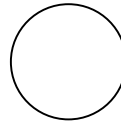
OS

CONJ: NL OTHER:  
 WOUND: SECURE +SIEDEL  
 CORNEA: CL DRY \_\_\_GUTTATA \_\_\_EDEMA  
 AC: D M S w/ \_\_\_CELLS \_\_\_FLARE  
 PUPIL: ROUND OTHER:  
 LENS: CENTERED DISLOCATED SYNECH  
 PC: CLEAR \_\_\_HAZE OPEN \_\_\_

### VITRO FUNDUS EXAM

\_\_\_OD\_\_\_ \_\_\_OS\_\_\_

C/D  
 DMV  
 PERIPH



## DIAGNOSIS

1.	2.	3.
----	----	----

## TREATMENT

1.	2.	3.
----	----	----

## NOTES

Notes area for the report.