

## SEE-CARE Cataract Checklist

Pt. name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of surgery: \_\_\_\_\_ Eye: \_\_\_\_\_

### Cataract evaluation visit

- Patient agrees to SEE-CARE Terms of Service and Privacy Policy (ie pt. signed New Patient form)
- Insurance cards and ID scanned
- Documented functional disability in chart
- Vision meets standard for surgery
- Patient confirms desire for cataract surgery
- Patient given cataract information sheet "Understanding Cataracts"
- Patient given pre-op health history
- Patient given CSCE brochure (Patient Bill of Rights and Advanced Directives policy)
- Pre-op appointment scheduled

### Pre-op appointment

- Keratometry done and patient name written on printout
- Topography done if needed
- Patient health history received
- Eye laterality confirmed and documented
- Date of surgery confirmed and documented
- Consent form reviewed
  - Patient has initialed all lines
  - Patient has signed at bottom
  - MD has signed and dated
- A-scan done and report printed
- Eye H and P complete
- Gen med H and P complete
- Booking slip filled out
- Orders completed
- Lens choices discussed with patient
- MD selected primary and sulcus lenses
- NPO discussed with patient
- Prolensa samples or coupon given to patient
- Medication prescriptions given to patient
- Medication instructions given to patient and reviewed with patient
- Surgery packet faxed to CSCE
  - Booking slip
  - H & P x 2
  - Orders
  - Consent form
  - Lens calculations
  - Patient medical history
  - Insurance cards