

Refractive surgery



ESCRS

EUREQUO

Surgeon

Technician

Remarks

Patient data

Patient no.* Year of birth* Gender* male female unknown

Eye* OD OS

Preoperative data

Previous eye surgery none Blade flap Lasik Femto flap Lasik
 LASEK PRK Epi LASIK LRI AK
 RLE cataract glaucoma other unknown

Eye to be operated on

VA/BCVA (best corrected)*

Refraction* Sph Cyl Ax °

Target refraction* Sph Cyl Ax

Mono-Vision Yes No

Co-existing eye disease* Yes No

Presbyopic surgery Yes No

Fellow eye

VA/BCVA (best corrected)

Refraction Sph Cyl Ax °

In presbyopic surgery

Near refraction Sph Cyl Ax

Intraoperative data

Date of surgery* Y M D

Type of surgery* (single) primary enhancement additional

Surgical method*

Laser (single) none Blade Flap Lasik Femto Flap Lasik
 LASEK PRK Epi LASIK SMILE other

Use of Mitomycin C Yes No

Incisions (single) AK RK LRI other

Refractive Lens Exchange (single) none Mono Multifocal Toric
 Trifocal EDF other

Phakic IOL AC (single) iris support angle support Toric

Phakic IOL PC (single) ICL Refractive Lensectomy

Corneal inlays (single) ICR intra corneal inlays

Corneal complications* (multiple) none flap related other cornea related implant related

Intraocular complications* (multiple) none posterior capsular rupture endothelial trauma
 iris trauma vitreous loss other

* mandatory field

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Refractive surgery Postoperative data



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Surgeon	<input type="text"/>	Institute	<input type="text"/>
Ophthalmologist	<input type="text"/>		
Case information	<input type="text"/>		

Postoperative data

Date of examination*	Y <input type="text"/>	M <input type="text"/>	D <input type="text"/>
Follow up completed*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Uncorrected VA operated eye*	<input type="text"/>		
Near BCVA operated eye (best corrected VA)	<input type="text"/>		
Refraction data operated eye*	Sph <input type="text"/>	Cyl <input type="text"/>	Ax <input type="text"/> °
Postoperative complications* (multiple)	<input type="checkbox"/> none <input type="checkbox"/> DLK <input type="checkbox"/> implant related <input type="checkbox"/> corneal oedema <input type="checkbox"/> optical error <input type="checkbox"/> haze <input type="checkbox"/> cataract <input type="checkbox"/> PCO <input type="checkbox"/> ectasia <input type="checkbox"/> elevated IOP <input type="checkbox"/> infection <input type="checkbox"/> retinal <input type="checkbox"/> other		
In presbyopic surgery			
Near uncorrected VA operated eye*	<input type="text"/>		
Near BCVA operated eye* (best corrected VA)	<input type="text"/>		
Near refraction data operated eye	Sph <input type="text"/>	Cyl <input type="text"/>	Ax <input type="text"/> °

* mandatory field