



www.doughertylaservision.com

Westlake Village
4353 Park Terrace Dr Ste. 150
Westlake Village, CA 91361

Camarillo
1821 E Daily Dr.
Camarillo, CA 93010

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Simi Valley, CA 93065

Encino
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Encino, CA 91436

Newbury Park
1000 Newbury Rd Ste. 220,
Thousand Oaks, CA 91320

Ventura
5682 Telephone Rd. Ste.1
Ventura, CA 93003

COMPREHENSIVE HISTORY & PHYSICAL

Dear Dr. _____

Our mutual patient: _____ D.O.B. _____

Has stated that you are their: PCP (specialty)

This patient is scheduled for CATARACT surgery, on: _____

This surgery will be performed under local anesthesia with monitored anesthesia care.
Surgery facility:

**DLV Ambulatory Surgical Center 3180 Willow Lane, Suite 116
Westlake Village, CA 91361**

The Nurse Anesthetist at the facility will perform a brief history and physical the day of surgery. Based on the information that the patient provided to us, we would like to know if you have any contraindications to surgery. If so, please let me know as soon as possible. If there are no objections to surgery, please indicate this on your impression and send the attached completed H&P sheet to us as far in advance as possible. If you need any additional information, please call anytime.

This H&P MUST be performed within 30 days of surgery. Incomplete or missing forms will deem it necessary for the patient to reschedule surgery. Blood work and EKG is not required unless PCP feels it is necessary in order to clear patient.

Thank you,

Dr. Paul Dougherty, Dr. Asha Balakrishnan, Dr. Joseph Chen, Dr. Lynn Zhang, Dr. Nicolas Biro

DLV Vision

*** PLEASE FAX THE ATTACHED COMPLETED FORM BACK TO OUR OFFICE ***

(805) 275-5595 ATTENTION: Surgical Coordinator

This MUST be received by noon 72 business hours before surgery or surgery will be rescheduled



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SURGICAL CENTER

COMPREHENSIVE HISTORY & PHYSICAL

| | | | | | |
|---|---|-------------|--------------|--|--|
| Patient Name: | | | Age: | | |
| Date of Exam: | | Male/Female | DOB: | | |
| Diagnosis: | | Procedure: | | | |
| Chief Complaint & History of Present illness: | | | | | |
| | | | | | |
| Past Medical History: | | | | | |
| | | | | | |
| Medications: | | | | | |
| | | | | | |
| Allergies/Intolerances: | | | | | |
| Pertinent Family & Social History: | | | | | |
| | | | | | |
| Diseases- | | C-V: | | Ortho: | |
| Gi: | | | GU: | | |
| Other: | | | | | |
| Physical Exam- | | Pulse: | | Temp: | |
| Weight: | | Height: | | BP: | |
| Heent: | | | Abdomen: | | |
| Neck: | | | Heart: | | |
| Chest: | | | Extremities: | | |
| Tests: | EKG: Yes No (EKG not required) | | | CBC & Chem Panel (circle): Yes No (Blood work not required) | |
| Patient is Cleared for Surgery: YES NO (please circle one) | | | | | |
| Print physician's name: | | | | Date: | |
| Physician's Signature: | | | | Date: | |
| Does the patient have advanced directives/Living will? (circle) | | | | YES NO | |
| Does the patient have the capacity to understand and make decisions? | | | | YES NO | |

STAFF ONLY:

Patient has been examined day of surgery. Any changes to previous H&P? **YES** **NO**

RN Signature:



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CATARACT SURGERY *PRE-OPERATIVE* INSTRUCTIONS

To avoid coughing during the surgery please, avoid smoking 24 hours before the surgery.

Medicated Drops: Make sure you have your medicated drops from our Office or your Pharmacy.

7- 14 DAYS PRIOR TO SURGERY:

Medications/weight loss injections that should be stopped 7-14 days prior to surgery:

- Wegovy, Ozempic, Mounjaro, Trulicity, Saxenda, Rybelsus, Semaglutidel.

THE NIGHT BEFORE THE SURGERY:

- Wash your face before you go to sleep
- Do not eat or drink anything after midnight (unless otherwise instructed)

THE MORNING OF THE SURGERY:

- Do not eat or drink anything
- Take all your other routine medications **except** Lasix or Hydrochlorothiazide, with small sips of water.
- Wash your face thoroughly before coming to the surgery center.
- Do not use makeup, scented lotion, nor perfume.
- Please dress comfortably, and wear freshly laundered clothing.

If you have any questions, please call our office at **(805) 987-5300**



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CATARACT SURGERY *POST-OPERATIVE* INSTRUCTIONS

- Do not be concerned by your vision on the day of surgery – it is likely to be very blurry, distorted and you may see colors (typically red) from the microscope light.
- You may see red spots (blood spots) on the white part of the eye after surgery. These are of no concern and will gradually diminish.
- Use the eye shield at night for 5 nights to protect your eye. You may tape the shield on your face with the tape provided. No gauze needs to be placed under the shield.
- Do not bend past your waist and do not lift more than 20 pounds after your surgery for 5 days.
- Sunglasses are recommended for your convenience - use them if you feel light sensitive.
- You may be up and around the day of surgery. Normal activities including reading, TV, and light walking are permitted immediately.
- Do not wear any eye makeup for 1 week following surgery.
- You may take a shower or bath starting the day after surgery. Keep your eyes closed in the shower for one week. Use a warm washcloth to wash discharge from the eyelid, as necessary. Do not put pressure on the eye, do not rub your eye.
- No sexual activity, golfing, bowling, swimming, dancing, and heavy exercise for five days after surgery unless otherwise instructed.
- Stinging, burning or a moderate amount of irritation is normal. Call your doctor if you have severe pain that does not improve with Tylenol or Advil.



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Surgery performed on:
RIGHT EYE **LEFT EYE**

IOL Post-Operative Drop Instructions

Please bring all post-operative drops to your 1 day and 1 week appointment for review.

3 in 1 Combination Drops – to be purchased at DLV

Drop name – Prednisolone/Gatifloxacin/Bromfenac Ophthalmic Solution Cap color – Purple

Instructions: Start date: _____ End date: _____

- ☐ Week #1: apply 1 drop 3 times per day in the eye that had surgery.
- ☐ Week #2: apply 1 drop 2 times per day in the eye that had surgery.
- ☐ Week #3: apply 1 drop 2 times per day in the eye that had surgery. Then discontinue.
- ☐ Week #4: after 21 days drop should be discontinued. See instructions above.



--OR--

Individual Drops – to be filled and provided by your Pharmacy

****You must pick up all 3 drops from your pharmacy prior to cataract surgery****

****Apply drops a minimum of 2-3 minutes apart****

1. Drop name – Moxifloxacin or Ofloxacin or Besivance Cap color – Tan

Instructions: Start date: _____ End date: _____

- ☐ Week #1 – use 1 drop 3 times per day for 1 week in the surgical eye. Then discontinue.



2. Drop Name – Pred Forte or Dexamethasone or Lotemax Gel or Durezol
Cap color – Pink or white

Instructions: Start date: _____ End date: _____

- ☐ Week #1 – use 1 drop 3 times per day in the eye that had surgery. SHAKE BOTTLE.
- ☐ Week #2 – use 1 drop 2 times per day in the eye that had surgery. SHAKE BOTTLE.
- ☐ Week #3 – use 1 drop 2 times per day in the eye that had surgery. SHAKE BOTTLE. Then discontinue.



3. Drop Name – Diclofenac or Ketorolac or Prolensa
Cap color – Grey

Instructions: Start date: _____ End date: _____

- ☐ Week #1 – use 1 drop 3 times per day in the eye that had surgery.
- ☐ Week #2 – use 1 drop 3 times per day in the eye that had surgery.
- ☐ Week #3 – use 1 drop 3 times per day in the eye that had surgery. Then discontinue.



****If you have Prolensa, use drop 1 time per day in the eye that had surgery for 3 weeks.**

If you have a sudden decrease in vision or significant new pain, please call DLV Vision or your co-managing optometrist



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Directory

Thank you for choosing DLV Vision. Congratulations on taking the next steps to improve your vision! We are honored to be able to help assist you along in this journey. We understand you may have some questions regarding your surgery or treatment and may need assistance. Please reference the below directory to ensure we are better able to assist you with your questions.

Have Questions about your Fees/ Surgery Type/ Lens Package? Call your Patient Counselor:

| Patient Counselor | Email | Phone Number + Extension |
|-------------------|-----------------------------------|--------------------------|
| Christina Cox | CCox@DoughertyLaserVision.com | (805) 987-5300 ext. 1089 |
| | @DoughertyLaserVision.com | (805) 987-5300 ext. 1027 |
| Dana Batista | DBatista@DoughertyLaserVision.com | (805) 987-5300 ext. 1026 |
| Diana Andre | DAndre@DoughertyLaserVision.com | (805) 987-5300 ext. 1093 |
| Hilary Brown | HBrown@DoughertyLaserVision.com | (805) 987-5300 ext. 1010 |
| Ryanne Mora | RMora@DoughertyLaserVision.com | (805) 987-5300 ext. 1031 |

Have Questions about Surgery Instructions, to Change or Re-schedule Surgery – Surgery Coordinator

| | | |
|------------------|-----------------------------------|--------------------------|
| Jennifer Recinos | JRecinos@DoughertyLaserVision.com | (805) 987-5300 ext. 1019 |
| Deborah Haros | DHaros@DoughertyLaserVision.com | (805)987-5300 ext. 1016 |
| Tina Villa | CVilla@DoughertyLaserVision.com | (805) 987-5300 ext. 1012 |

Questions about Insurance Benefits: Billing Department

| | | |
|--------------------|----------------------------------|--------------------------|
| Billing Department | Billing@DoughertyLaserVision.com | (805) 987-5300 ext. 1003 |
|--------------------|----------------------------------|--------------------------|

Feedback/ Complaints/ Suggestions: Manager

| | | |
|----------------|----------------------------------|--------------------------|
| Kristin Michel | KMichel@DoughertyLaserVision.com | (805) 987-5300 ext. 2013 |
|----------------|----------------------------------|--------------------------|