Post Mini Surgery Eye Laser Surgery
Community Campus

Physician’s Name _______________________________
Physician’s Phone Number ________________________
If unable to get a hold of physician then call Community Emergency Department Phone Number (315) 492-5535

Name of Procedure ______________________________________
Normal Expectation ______________________________________
New Medications: _______________________________________

☐ What to Call for: _______________________________________

☐ Call the physician for symptoms of retinal detachment:
  • Floaters
  • Flashing lights
  • Loss of vision or part of vision

☐ For patients with Glaucoma call for rare complications of Glaucoma:
  • Loss of peripheral vision or tunnel vision
  • Blind spots or blurred vision
  • Vague eye aching or headache
  • Inability to adjust the eye to darkened room
  • Difficulty focusing on close work
  • Fluctuating or decreased vision
  • Sore or reddened eyes
  • Seeing halos, ring, rainbows around lights
  • Tearing
  • Swollen eyes
  • Nausea and vomiting

Please remember to get yearly retinal exam and glaucoma evaluation.

Follow up exam on: Date ___________ Time _______________