

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Patient ID: [Insert ID Number]

MEDICAL DISCHARGE SUMMARY: PRESBYOPIA CORRECTION

Procedure Date: [Insert Date]

Procedure Performed: [e.g., Refractive Lens Exchange (RLE) / PresbyLASIK / Monovision LASIK]

Eye(s) Treated: [Left / Right / Bilateral]

Clinical Outcome:

The patient underwent successful surgical correction for presbyopia. The procedure was completed without complications. Immediate post-operative assessment shows stable intraocular pressure and correct placement of the intraocular lens (if applicable).

Post-Operative Instructions:

- Administer eye drops as prescribed in the attached schedule.
- Avoid rubbing the eyes for at least [Number] days.
- Avoid strenuous exercise and swimming for [Number] weeks.
- Use the provided eye shield while sleeping for [Number] nights.

Medications Prescribed:

- [Antibiotic Drop Name] - [Frequency]
- [Anti-inflammatory Drop Name] - [Frequency]
- [Lubricating Drops] - As needed

Follow-Up Appointment:

Date: [Insert Date]

Time: [Insert Time]

Location: [Insert Clinic Name]

Emergency Contact:

In case of sudden vision loss, severe pain, or excessive redness, contact [Clinic Name] at [Phone Number] or visit the nearest emergency department immediately.

Discharging Physician: [Doctor Name]

Signature: _____

Medical License Number: [Insert Number]