

**MEDICAL CHRONOLOGY - INSTRUCTIONS TO FOLLOW****General Instructions:****Brief Summary/Flow of Events:**

*In the beginning of the chronology, a Brief Summary/Flow of Events outlining the significant medical events is provided which will give a general picture of the focus points in the case*

**Patient History:**

*Details related to the patient's past history (medical, surgical, social and family history) present in the medical records*

**Detailed Medical Chronology:**

*Information captured "as it is" in the medical records without alteration of the meaning. Type of information capture (all details/zoom-out model and relevant details/zoom-in model) is as per the demands of the case which will be elaborated under the 'Specific Instructions'*

**Reviewer's Comments:**

*Comments on contradicting information and misinterpretations in the medical records, illegible handwritten notes, missing records, clarifications needed etc. are given in italics and red font color and will appear as \* **Reviewer's Comment:***

**Illegible Dates:** *Illegible and missing dates are presented as "00/00/0000"(mm/dd/yyyy format)*

**Illegible Notes:** *Illegible handwritten notes are left as a blank space "\_\_\_\_\_" with a note as "Illegible Notes" in the heading of the particular consultation/report, areas which we have interpreted but are doubtful are presented in **red italics**.*

**Specific Instructions:**

- *The chronology focuses in detail on Ms. Dixon's presentation to XX Institute on MM/DD/2021 for evaluation of cataract, followed by cataract surgery and placement of intraocular lens in OD on MM/DD/2021, subsequent chemosis, and treatment rendered for the same until MM/DD/2023.*
- *Case specific points have been highlighted in **Yellow***
- *Repetitive details are not included in the chronology.*
- *Additional records are highlighted in green color background color*

### **Brief Summary/Flow of Events**

#### **XX Clinic, P.S. - Mark XXX, OD (MM/DD/2021-MM/DD/2021)**

Presented for blurred vision in eyes – Left eye worse than right – Diagnosed with age related cataract and presbyopia – Referred to Dr. XX for cataract surgery



#### **XX Institute (MM/DD/2021 – MM/DD/2021)**

**MM/DD/2021:** Presented for evaluation of cataract's – Diagnosed with bilateral combined forms of age-related cataract and bilateral regular astigmatism – Surgery was scheduled –

**MM/DD/2021:** Had no pain or distress – Underwent cataract surgery on OD – Administered with Xylo 4% Plain MPF 4 ml for anesthesia – Had chemosis from block – Tolerated the procedure well - Post operatively was alert and oriented to time place and person – Vital signs stable – Ok for discharge – Discharged home – Had telephone conversation – Was rear ended on her way back home – Vision was bit blurry and hazy – Had concerns of dislodged lens – Recommended to come back the following day – **MM/DD/2021:** Presented with Swollen lid and pain in OD – Recommended to use artificial tears and cold compress and return to clinic as needed



#### **Multiple Providers (MM/DD/2022 – MM/DD/2023)**

**MM/DD/2022:** Had a post-operative visit – Noticed blurred vision and irritation of right eye – Counseling provided – **MM/DD/2022:** Had telephone conversation - Still OD was not healed, per OD will take a little time to heal – Recommended to follow up – **MM/DD/2022:** Had telephone conversation – had resolving chemosis and lid edema secondary to retrobulbar block –

**MM/DD/2022:** Dissatisfied with the surgery results – Had difficulty reading and difficulty driving – Eye was completely swollen shut after surgery – Diagnosed with age related cataract OU and OS – **MM/DD/2022:** Presented for evaluation of cataract – Diagnosed with combined forms of age-related cataract, left eye, presence of intraocular lens and bilateral regular astigmatism – **MM/DD/2022:** Presented for cataract evaluation – Recommended toric lens for left – **MM/DD/2022:** Had improvement in VA – **MM/DD/2022:** Underwent Phacoemulsification with posterior chamber intraocular lens placement, left eye by Walter XX, M.D. –

**MM/DD/2022:** VA improved – Food course – Removed sutures and discontinued medications – **MM/DD/2022:** Diagnosed with blepharitis in both eyes, Trichiasis in right and left primary laterally and nasally, and Subtle PCO left – Lashed epilated in right – **MM/DD/2022:** Visit for hit in left eye – Epi surface distorted and elevated – Prednisone and Muro gtts prescribed –

**MM/DD/2022:** Left eye visual acuity not clear – Some PCO in left – YAG planned – **MM/DD/2022:** YAG performed in left eye – Diclofenac prescribed – Advised to return in one month – **MM/DD/2022:** Epilation performed in left upper and lower lids – **MM/DD/2023:** Continued to experience trouble seeing street signs – Follow-up in three months recommended

### **Patient History**

**Past medical history:** No relevant history

**Past surgical history:** Appendectomy, ovarian cyst removed, tonsillectomy, status post Laser-Assisted in Situ Keratomileusis (LASIK)

**Family history:** Cataract, glaucoma, hypertension and stroke

**Social history:** She is a never smoker and denies alcohol use

**Allergies:** Novocaine, numbing agent for dental causes rise in heart rate, latex sensitive

### Detailed Chronology

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		<i>*Reviewer's comment: The records prior to MM/DD/2021 are not available for review. The records of MM/DD/2021 and MM/DD/2021 are summarized in brief, to know the patient's condition, prior to the office visits at XXXX Institute.</i>	
MM/DD/2021	XX Clinic, P.S. Mark XXX, OD Alexa XXX	<p><b>Office visit for eye problems:</b>  <b>History of present illness:</b> This is a YY-year-old female who is being seen for a chief complaint of blurred vision involving the right eye and left eye. The blurred vision is at all distances and associated with floaters, photophobia, and fuzzy, left eye worse than right eye. The blurred vision is relieved by blinking. Last eye exam 2 years. Occasional dryness, uses drops rarely and blinking helps.</p> <p><b>Impression and plan:</b> Dense Posterior subcapsular cataract (PSC), left eye greater than right eye. Given information on cataracts. Distant both eyes versus staggered myopia with RE Set at -1.00. Given top 4 surgeons. Recommended XX XX or Bruce Cameron, Toric Intraocular Lens (IOLs).</p> <p>Normal ONH and macula. Temp benign peripheral retinal degeneration in both eyes.</p> <p><b>Age related cataract, in both eyes:</b> Distributed on the right nasal peripheral cornea and left central cornea.  <b>Plan:</b> Counselling – Cataracts.</p> <p><b>Presbyopia:</b>  <b>Plan:</b> Counselling. Refraction was performed in both eyes. Glasses prescribed</p>	2023-MM-DD XX Clinic 0009 - 2023-MM-DD XX Clinic 0012
MM/DD/2021	XX Clinic, P.S. Mark XXX, OD	<p><b>Office visit for eye problems:</b>  <b>History of present illness:</b>  This is a YY-year-old female who is being seen for a chief complaint of unspecified, location: Both eyes, left eye worse than the right eye. Vision is still the same from the last visit. More questions about surgery.</p> <p><b>Impression and plan:</b>  Refer to XX XX in XX. RE first at -1.00. SPH using Toric IOLs, high anxiety, be sure Benzodiazepines and versed</p> <p><b>Age related cataract, combined:</b></p>	XXX Medical Record - 000010 - XXX Medical Record - 000012

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		<p>Plan: Counselling</p> <p><b>Plan:</b>  <b>Referral correspondence</b>  <b>Recipient:</b> XX XX – Ophthalmology  <i>*Reviewer's comment: The corresponding referral report is placed below in a separate row.</i></p>	
MM/DD/2021	XX Clinic, P.S.  Mark XXX, OD	<p><b>Referral correspondence report:</b></p> <p>Dear XX,</p> <p>I would like to refer the patient to your cataract surgery. I saw her last on MM DD, 2021, for cataract pre-operative consultation. We decided to go with toric IOLs with staggered myopia, starting with the RE sat at -1.00 SPH. Most of her WTR ___ Corneal, of course.</p> <p>She is very anxious about the procedure, and I would request the liberal use of anti-anxiety benzos and versed BTW, XXX online still lists you as working mainly out of the XX office and thus is causing confusion for our patients. They have no problem travelling to see you based on my recommendations, but we all need to be on the same page as to the office you mainly operate out of. Thanks.</p>	XXX Medical Record - 000009
MM/DD/2021	XXXX Institute  Jeffrey XXX, <i>(Credentials Unknown)</i>  Victoria XX, OD	<p><b>Office visit for evaluation of cataracts:</b></p> <p>Patient is a YY-year-old female presents at XXX for evaluation of cataracts.</p> <p><b>Chief complaint:</b></p> <p>The patient notes glare in the OS&gt;OD for the past 2 year(s). The onset was gradual, and the symptom is constant. It affects distance vision, and the condition is associated with driving at night.</p> <p>The patient notes decreased vision in the OS&gt;OD for the past 2 year(s). The onset was gradual, and the symptom is constant. It affects near and distance vision and the condition is associated with daily activity and seeing detail in vision. The severity of the issue is worsening. The condition is described as blurry vision.</p> <p><b>Review of systems:</b>  <b>Constitutional:</b> Fever and weight loss.  <i>All other systems reviewed and are negative.</i></p> <p><b>Physical Examination:</b>            Patient's mood/affect is normal. Patient is oriented to person, place and time.</p> <p><b>Current glasses:</b>  <b>OD:</b>            Spherical: -2.75, cyclical: -2.25, axis: 171</p>	XXX Medical Record - 000050 - XXX Medical Record - 000055

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		<p><b>OS:</b> Spherical: -4.00, cyclical: -1.75, axis: 019</p> <p><b>Auto refraction:</b> <b>OD:</b> Spherical: -2.75, cyclical: -1.50, axis: 173, Dva 20/25 +2 <b>OS:</b> Spherical: -4.00, cyclical: -1.75, axis: 019, Dva 20/30 -2</p> <p><b>Keratometry:</b> <b>Auto K's:</b> <b>OD:</b> K1 43.50, Merid 171, average 44.50, delta Ks 2.00, steeper Merid 081 K2 45.50, Merid 081 <b>OS:</b> K1 43.25, Merid 178, average 44.25, delta Ks 2.00, steeper Merid 088 K2 45.25, Merid 088</p> <p><b>Lenstar Ks:</b> <b>OD:</b> K1 43.48, Merid 169, average 44.26, delta Ks 1.55, steeper Merid 079 K2 45.03, Merid 079 <b>OS:</b> K1 43.26, Merid 005, average 44.17, delta Ks 1.82, steeper Merid 095 K2 45.25, Merid 095</p> <p><b>Pentacam Ks:</b> <b>OD:</b> K1 43.20, Merid 171, average 44.10, delta Ks 1.80, steeper Merid 081 K2 45.00, Merid 081 <b>OS:</b> K1 43.10, Merid 001, average 44.15, delta Ks 2.10, steeper Merid 091 K2 45.20, Merid 091</p> <p><b>Surgery Ks:</b> <b>OD:</b> K1 43.48, Merid 169, average 44.26, delta Ks 1.55, axial length 25.45 K2 45.03, Merid 079 <b>OS:</b> K1 43.26, Merid 005, average 44.17, delta Ks 1.82, axial length 25.53 K2 45.08, Merid 095</p> <p><b>Intraocular pressure:</b> OD 15 OS 16</p> <p><b>External examination:</b> <b>OD:</b> <b>Pupils:</b> Pupils equal, round, reactive, no APD</p>	

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		<p> <b>Size:</b> 3 mm  <b>Bright:</b> 2.5 mm  <b>Confrontational:</b> Confrontation fields full to finger counting  <b>Motility:</b> EOM is full  <b>Slit lamp examination:</b>  <b>Adnexa:</b> Normal  <b>Conjunctiva:</b> Conjunctiva chalasis, oily tear film  <b>Cornea:</b> Clear  <b>Anterior chamber:</b> Deep and quiet  <b>Iris:</b> Normal  <b>Lens:</b> 2+ CS, 2+ NS  <b>Vitreous:</b> Vitreous Syneresis  <b>Optic nerve:</b> Flat, sharp, good color  <b>CD ratio:</b> Horizontal. 35 vertical .4  <b>Macula:</b> Flat and dry  <b>Retinal vessels:</b> Normal  <b>Periphery:</b> Flat x 360 degrees, no RD, no holes, lattice degen temporal  <b>Axial length:</b> 25.45 </p> <p> <b>OS:</b>  <b>Pupils:</b> Pupils equal, round, reactive, no APD  <b>Size:</b> 3 mm  <b>Bright:</b> 2.5 mm  <b>Confrontational:</b> Confrontation fields full to finger counting  <b>Motility:</b> EOM is full  <b>Slit lamp examination:</b>  <b>Adnexa:</b> Normal  <b>Conjunctiva:</b> White and quiet, oily tear film  <b>Cornea:</b> Clear  <b>Anterior chamber:</b> Deep and quiet  <b>Iris:</b> Normal  <b>Lens:</b> 2+ CS, scattered vacuoles, 1+ NS, trace central PSC  <b>Vitreous:</b> Clear  <b>Optic nerve:</b> Flat, sharp, good color  <b>CD ratio:</b> Horizontal. 35 vertical .45  <b>Macula:</b> Flat and dry  <b>Retinal vessels:</b> Normal  <b>Periphery:</b> Flat x 360 degrees, no RD, no holes, confluent drusen nasal  <b>Axial length:</b> 25.53 </p> <p> <i>*Reviewer's comment: The diagnostic studies obtained during the visit is placed below in a separate row.</i> </p> <p> <b>Impression/plan:</b>  <b>Eye:</b> OU </p>	

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		<p><b>Combined forms of age-related cataract, bilateral</b> Discussed cataract(s) with patient. Reviewed risks, benefits, alternatives of surgery. Discussed the possibility of glare, streaks, arcs and halos. Reviewed the need for medications at distance and near postoperatively, as well as refractive endpoint. Dr. XXX and patient have confirmed staggered myopia endpoint with right eye aimed for -1.00D. Endpoint for OS is undecided pending 1st eye outcome. Option of CE Toric IOL OD first with -1.00D endpt per referral, then CE OS with undecided endpoint. Dr. XXX to confirm end pt for CE OS. Reviewed with the patient the benefit of scheduling surgeries at least 2 weeks apart to have ample time for Dr. XXX to confirm endpoint OS with XXX and also confirm proper Toric IOL is available on day of surgery. Patient verbalized understanding. Patient wishes to proceed with surgery.</p> <p><b>Regular astigmatism, bilateral</b> Discussed pros and cons of toric Intraocular Lens (IOL) including no guarantee of spectacle independence at distance or near with Toric IOL. Discussed risks of needing IOL reposition if IOL rotates off axis. Toric IOL may reduce astigmatism but may not eliminate all the astigmatism. Additional cost discussed with Toric IOL. Patient elects TORIC IOLs OU.</p>	
MM/DD/2021	XXXX Institute	<p><b>Surgery scheduling:</b></p> <p><b>Indications for surgery:</b></p> <ul style="list-style-type: none"> <li>Oculus Sinister (OS) &gt;Decreased vision – Oculus Dexter (OD)</li> <li>OS &gt;Glare - OD</li> </ul> <p><b>Procedure:</b> Cataract/ Intra Ocular Lens (IOL) <b>Eye:</b> OD</p> <p><b>Specific instructions:</b> <b>Level 1:</b> High anxiety</p> <p><b>Discussion:</b> Patient elects PMN – No change, patient chooses monovision</p> <p><b>Impression:</b></p> <ul style="list-style-type: none"> <li>OU - Combined forms of age-related cataract, bilateral</li> <li>OU - Regular astigmatism, bilateral</li> </ul>	XXX Medical Record - 000044 - XXX Medical Record - 000045
MM/DD/2021	XXXX Institute Victoria XX, OD	<p><b>OCT diagnostic test:</b></p> <p><b>Preliminary diagnosis:</b></p>	XXX Medical Record - 000047 - XXX Medical



DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		<b>Description:</b> Combined forms of age-related cataract, bilateral <b>Test region:</b> Macula  <b>Impression and plan:</b> <b>OD:</b> Pre-surgery wellness screening, unremarkable, no significant findings. <b>OS:</b> Pre-surgery wellness screening, unremarkable, no significant findings.	Record - 000048
MM/DD/2021	XXXX Institute  Victoria XX, OD	<b>Correspondence to Dr. XXX from Victoria XX, OD:</b>  Dear Dr. XXX, Thank you for the opportunity to see Angie XX for an examination. Please note below a summary of my findings, treatments, impressions, and recommended plan of care.  <b>Examination, assessment and plan:</b> <i>Same as dated MM/DD/2021</i>  Thank you for inviting us to participate in the care of this patient. If you have any questions, please do not hesitate to call.	XXX Medical Record - 000056
MM/DD/2021	Hannah XX, ( <i>Credentials unknown</i> )	<b>Telephone conversation:</b>  Patient had concerns about injection used to numb eye during surgery due to her having reactions to numbing agents in the past. I let her know I wasn't sure what we use exactly, and I would have a tech call her back to discuss.	XXX Medical Record - 000015
MM/DD/2021	XXXX Institute	<b>Consent for surgery:</b>  <b>Surgery:</b> Cataract and lens implantation surgery <b>Status:</b> Signed  <i>*Reviewer's comment: The snapshot of the surgical consent form is placed below for ease of reference.</i>	XXX Medical Record - 000066 - XXX Medical Record - 000069
MM/DD/2021	XXXX Institute  XX XX, M.D.	<b>History and physical examination:</b>  <b>Surgery planned:</b> Cataract/IOL OD  <b>Anesthesia:</b> Retrobulbar  <b>Vital signs:</b> <b>@0221 hours:</b> BP 152/99, temperature 97.50, pulse 78	XXX Medical Record - 000040 - XXX Medical Record - 000041



DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		<p><b>@0258 hours:</b> BP 138/87, pulse 76, respiratory rate 21, SpO2 99</p> <p><b>@0301 hours:</b> BP 156/95, pulse 78, respiratory rate 21, SpO2 99</p> <p>No significant pain or distress No infection of face/head <b>Heart rate:</b> Regular <b>Lung sound:</b> Clear <b>R.O.M.:</b> Normal</p>	
MM/DD/2021	XXXX Institute  Arlissa XXX, CRNA	<p><b>Anesthesia record:</b></p> <p><b>Pre-op diagnosis:</b> Combined forms of age-related cataract, right eye Regular astigmatism, bilateral</p> <p><b>Pre-op evaluation:</b> Patient has stable cardiovascular and pulmonary function.</p> <p><b>Previous anesthesia problems:</b> Fall risk Acceptably Alert No increased risk of venous thromboembolism. The patient's anxiety level is acceptable to provide safe anesthesia. *The risks, benefits and alternative of the anesthetic plan have been discussed with the patient, and all questions answered.</p> <p><b>Pre-op comment:</b> The surgeon verifies and agrees with the surgical and anesthesia plan for topical and/or injection anesthesia.</p> <p><b>Physical examination:</b> <b>General:</b> No significant pain or distress <b>Face/Head:</b> No infection of face/head <b>Heart rate:</b> Regular <b>Lung sound:</b> Clear <b>R.O.M.:</b> Normal</p> <p><b>Anesthesia detail:</b> <b>Anesthesia start time:</b> 1456 hours <b>Anesthesia end time:</b> 1501 hours Routine monitors applied</p> <p><b>Pre-anesthetic drops:</b> Proparacaine 2% Xylocaine jelly</p> <p><b>Surgical prep:</b></p>	XXX Medical Record - 000032 - XXX Medical Record - 000033

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		<p>Betadine 10% Goniosol</p> <p><b>Anesthesia technique:</b> Retrobulbar</p> <p><b>Anesthetic medication:</b> Xylo 4% Plain MPF 4 ml</p> <p><b>Post-anesthesia:</b> Patient alert and oriented to time, place and person. VSS and ok for surgery</p> <p><b>Comments:</b> Digital pressure applied after Retro Bulbar Blocks (RBB).</p>	
MM/DD/2021	XXXX Institute  XX XX, M.D.	<p><b>Operative report for cataract surgery:</b></p> <p><b>Preop diagnosis:</b> Combined forms of age-related cataract, right eye, regular astigmatism, bilateral</p> <p><b>Postop diagnosis:</b> Same</p> <p><b>Anesthesia:</b> Retrobulbar</p> <p><b>Indication for complex:</b> <b>Prep:</b> The operative eye was prepped in the usual sterile ophthalmic manner. <b>Incision:</b> MSTI <b>Location of incision:</b> Superior <b>Paracentesis:</b> 2 <b>Capsulotomy:</b> The AC was filled with Healon A CCC capsulotomy was performed. <b>Lens removal:</b> The lens nucleus was removed with phacoemulsification. <b>EPT:</b> 8.1 secs <b>IOL placement:</b> Healon was used to fill the anterior chamber to aid IOL placement. The IOL was placed in the capsular bag. The toric was aligned at 079 degrees. Viscoelastic was irrigated and aspirated from the AC. <b>Incision closure:</b> The incision(s) were self-sealing. <b>IOL:</b> DIU225 16.0 Serial #: 2820082138 <b>Expiration date:</b> 2024-09-23</p> <p><b>Post operative orders/instructions:</b> 1st post operative day - Ok for outside Patient stable - Ok to discharge.</p>	XXX Medical Record - 000039

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		Artificial tears, 5 ml, operative eye as needed comfort Pred-Moxi-Nep, 5ml, operative eye 4 times a day  <b>Comments:</b> Significant Chemosis from block The patient tolerated the procedure well and was sent to TLC in satisfactory condition. Post operative ok for outside.	
MM/DD/2021	XXXX Institute  XX XX, M.D.	<b>Post-operative exam:</b>  <b>Postop / discharge check</b> Post operative vitals stable: Yes Patient is alert and oriented: Yes Postop site status is good: Yes Post operative instructions reviewed: Yes Post operative questions addressed: Yes Post operative instructions given: Patient  <b>Post-operative orders:</b> <b>Medications:</b> Artificial tears, 5 ml_, operative eye as needed comfort Pred-Moxi-Nep, 5mL, operative eye four times a day <b>Additional orders:</b> <b>1st per oral day</b> - Ok for outside <b>Patient stable:</b> Ok to discharge	XXX Medical Record - 000034 - XXX Medical Record - 000035
MM/DD/2021	Peyton XX, ( <i>Credentials Unknown</i> )	<b>Telephone conversation:</b>  See below communication from XX. Patient called with concerns for a dislodged lens after being rear ended on her way home. Patient states vision is a bit blurry/hazy, and states the vision appears to be like she is looking through something. Patient had multiple questions as to whether or not she ruined the surgery, and whether or not it can be fixed. Explained to patient the effects of the dilation drops, and how they can last 24-48 hours. Explained the difficulty to assess if there are any injuries over the phone, and whether her complaints are due to the accident or from the dilation/anesthesia. Told patient to try to not jump to assumptions just yet that the lens was dislodged and recommended her to try to get some sleep for tonight, and assess vision in the morning for a more adequate evaluation of the state of her vision. Patient states her eye is fairly sore. Explained that some discomfort can occur, recommended Tylenol or Ibuprofen. Patient asked whether she still needed the tape over her eye or not. Told patient the tape was placed to keep the eye shut until anesthesia wore off, and if it had, she no longer needed it unless it gave her some comfort. Patient states the tape gives her some comfort and she would like to keep it on. Reassured patient that we will be seeing her tomorrow for her 1-day post-operative and can exam the eye. Patient sounded concerned as she thought only a	XXX Medical Record - 000015

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		technician was going to look at her, and not by a doctor. Let patient know a doctor will be examining the eye tomorrow. Patient verbalized understanding and states she will call the XX clinic tomorrow morning for a possible earlier appointment.	
MM/DD/2021	XXXX Institute Bradley XX, OD	<p><b>Post-operative exam:</b></p> <p><b>Status post cataract 1 day OD:</b></p> <p>Target/IOL type: -1.00 Ocular prescriptions: --PMN (PA/Moxifloxacin/Nepafenac) four times a day OD</p> <p><b>Complaints:</b> OD swollen lid OD pain (getting better)</p> <p><b>Intraocular pressure:</b> OD 24 <b>Comment:</b> OD – swollen</p> <p><b>Post operative examination:</b> <b>OD:</b> <b>Pupils:</b> Dilated pupil <b>Lid:</b> Marked lid edema upper and lower lid, no restriction on EOM, mild erythema upper lid <b>Conjunctiva:</b> Wound intact, no obvious Siedel, 4+ chemosis 360, 1+ injection <b>Cornea:</b> Clear with no edema <b>Anterior chamber:</b> well formed, 1-2+ cell <b>Iris:</b> Iris normal and flat, pupil is round and centered <b>Lens:</b> IOL in good position, posterior capsule intact and clear <b>Vitreous:</b> PVD <b>Optic nerve:</b> Flat, sharp, good color <b>CD ratio:</b> Horizontal. 3 vertical .3 <b>Macula:</b> Flat and dry <b>Retinal vessels:</b> Normal <b>Periphery:</b> Intact 360 with limited views</p> <p><b>Impression / plan / action:</b> <b>Impression:</b> Status post cataract with toric 1 day OD - 1 Day with myopic target, with significant chemosis secondary to retrobulbar block. Post operative restrictions and instructions reviewed.</p> <p>Reassured patient that everything appears Within Normal Limits (WNL) OD and reviewed expected course of resolution of post op chemosis. Medications: Continue PMN</p>	XXX Medical Record - 000024 - XXX Medical Record - 000026

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		<p>(PA/Moxifloxacin/Nepafenac) four times a day OD until gone.</p> <p>Advised patient to use artificial tears and cool compress for comfort.</p> <p><b>Return to clinic:</b> Return to Office (RTO) as needed. Patient ok to return to Dr. XXX as scheduled for 1 week post op. Patient instructed to call STAT if any increase in eye pain, decrease in vision, or increase of lid/conjunctiva edema.</p> <p><b>Follow up:</b> Patient chooses referring OD for Post Operative 1 week. Dilate OD at this visit.</p> <p>Patient was instructed to contact XXX immediately with any postop problems or concerns including any sudden or worsening vision changes such as new flashes, floaters or curtain over vision. Informed patient of our 24/7 on-call service for emergencies or concerns requiring immediate attention.</p>	
MM/DD/2021	XXXXX Institute Bradley XX, OD	<p><b>Correspondence to Dr. XXX by Dr. XXX:</b></p> <p><b>Dear Dr. XXX,</b> Your patient, Angie XX, returned to our office for cataract surgery on the right eye on MM/DD/2021. This was performed by XX Y. XX MD without complication. The results of our follow-up examination on MM/DD/2021 are as follows:</p> <p><b>Examination, assessment and plan:</b> <i>Same as dated MM/DD/2021</i></p> <p>The typical 4–6-week postoperative exam with dilation should be done at the one week visit and should include confirmation of proper IOL alignment by checking the position of the peripheral markings on the IOL. Your patient should be referred back to XXX for IOL adjustment on the next available surgical day should the patient be symptomatic as a result of rotational instability. A follow-up appointment was scheduled with your office. Unless there is a problem, an additional follow-up 4-6 weeks post-operatively is recommended with a dilated fundus exam.</p> <p>After providing at least one post-op service for the patient, you may bill the entire portion of global follow-up care for which you are responsible. This begins on the date of transfer shown above.</p> <p>Thank you for inviting us to participate in the care of this patient. Kindly share your findings on the enclosed form(s) or other alternate means such as chart notes. We rely on this</p>	XXX Medical Record - 000027 - XXX Medical Record - 000028

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		data and appreciate your help. If you have any questions, please do not hesitate to call.	
MM/DD/2022	XX Clinic, P.S. Mark XXX, OD Abby XX	<p><b>Follow up visit after surgery:</b></p> <p><b>History of present illness:</b> This is YY-year-old female who is being seen for postop visit status post cataract extraction with IOL (with toric) of the right eye. <i>History reviewed.</i> Since the surgery, the patient has noticed that patient is satisfied with results in the affected eye. <b>After surgery, the patient has noticed blurred vision and irritation in the affected eye.</b> The patient has no redness.</p> <p>The patient is taking the following medications in their right eye: Pred-Moxi-Nepa combination drop every other day.</p> <p><b>Eye exam:</b> <b>Vision:</b> <b>Distance test type:</b> Snellen chart Dsc OD 20/50</p> <p><b>Auto refraction:</b> OD +0.50 -2.00 x 107 OS -3.00 -2.75x 037 OD Plano -1.50 x 098</p> <p><b>Keratometry:</b> <b>OD:</b> Flat 43.25, axis 162, steep 45.50, axis 072 <b>OS:</b> Flat 42.50, axis 003, steep 47.25, axis 093</p> <p><b>Manifest refraction:</b> OD -0.50 -0.75 x 095</p> <p><b>IOP:</b> OD 18, OS 21</p> <p><b>Examination:</b> <b>Examination of ocular adnexae:</b> <b>OD External:</b> Dermatochalasis <b>OD lid margin:</b> Quiet and normal <b>Bulbar and palpebral conjunctivae:</b> <b>OD conjunctiva:</b> While and quiet <b>Slit lamp examination of cornea OD:</b> <b>OD cornea:</b> Clear cornea <b>Sift lamp examination of anterior chamber OP:</b> <b>OD anterior chamber:</b> Deep and quiet anterior chamber <b>Slit lamp examination of iris OD:</b> <b>OD iris:</b> Normal iris without rubeosis <b>Slit lamp examination of lens OD:</b> <b>OD lens:</b> Clear lens</p>	2023-MM-DD XX Clinic 0004 - 2023-MM-DD XX Clinic 0005

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		<p><b>Ophthalmoscope examination of optic disc OD:</b>  <b>OD optic disc:</b> Flat and normal disc</p> <p><b>Ophthalmoscopic examination of retina and vessels OD:</b>  <b>OD vitreous:</b> Vitreous clear without hemorrhage, cells or pigment  <b>OD vessels:</b> Vessels with normal contour, caliber without neovascularization  <b>OD macula:</b> Macula normal contour without heme, edema, drusen or exudate  <b>OD periphery:</b> Periphery normal appearance without retinal tears, breaks, holes or mass</p> <p><b>Impression and plan:</b>  <b>Age related cataract right eye:</b>  <b>Plan:</b> Post op evaluation cataract  Counselling – Cataracts</p>	
MM/DD/2022	Sharon XX, ( <i>Credentials Unknown</i> )	<p><b>Telephone conversation:</b></p> <p>Patient saw OD on MM/DD/2022 for cataract OD week. OD still not healed (swollen &amp; red), per OD will take a little time to heal, patient sch to see OD on MM/DD/2022 for follow up appointment OD and patient would like MM/DD/2022 ce os with PC (OLY) &amp; post ops to be cancelled until OD heals. OD said pt needs more gtts, let patient know, patient is under OD care and OD will need to order gtts. initial cataract evaluation MM/DD/2021 + 90 days = MM/DD/2022 exp. Let patient know no OD post op reports rec'd, important to keep PC LI informed on healing process, will cancel ce os &amp; post ops and wait until MM/DD appt with OD to see how to proceed, patient agrees and understands</p>	XXX Medical Record – 000014 - XXX Medical Record – 000015
MM/DD/2022	Bradley XX, OD	<p><b>Telephone conversation:</b></p> <p>BJL returned Dr XXX's phone call. Patient is doing better with resolving chemosis and lid edema secondary to retrobulbar block. Patient still has some resolving SCH. Dr XXX indicates that patient will ultimately do well. Evidently, she was under the impression that XXX had documented a reaction or allergic response to RBB. BJL reviewed chart note, op note and post op with Dr XXX. No record of an allergic response. Her post op findings were secondary to the retrobulbar block delivery and will resolve sans treatment. There is no indication that she experienced an allergic reaction and there is no documentation in XXX record. Based on clinical examination at 1 day post op and typical course of resolution patient is experiencing, there is no need for her to be concerned about an allergic response with any future utilization of RBB. Reviewed that her</p>	XXX Medical Record – 000014



DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		outcome/experience is uncommon but is a possible risk with RBB. Dr XXX will relay this to the patient.	
MM/DD/2022	XX Clinic, P.S. Mark XXX, OD	<p><b>Follow up visit after surgery:</b></p> <p><b>History of present illness:</b> This is YY-year-old female who is being seen for follow up postop surgery statue post cataract extraction with IOL (with toric) of the right eye end eft eye. Since the surgery. the patient has noticed that patient is dissatisfied with results in the affected eye. After surgery, the patient has noticed blurred vision and discharge in the affected eye</p> <p><b>The patient is taking the following medications in their right eye:</b> Was not able to get the eye drops due to miscommunication with pharmacy and dr.</p> <p><b>The patient is taking the following medications in their left eye:</b> Was not able to get the eye drops due to miscommunication with pharmacy and dr.</p> <p>In the fellow eye, the patient has difficulty driving and difficulty reading Since the last visit, the patient's condition is worse. Can't do work, can't read, very unhappy with the results or the surgery and the experience at the clinic she was referred to. Eye was completely swollen shut after surgery</p> <p><b>Eye exam:</b> <b>Vision:</b> <b>Distance test type:</b> Snellen chart Dsc OD 20/80, OS 20/400 Nsc OD J6-1, OS J9-1</p> <p><b>Wearing glasses:</b> OD -2.50, -1.50 x 176 Add: + 2.50 OS -3.50, -1.75 x 015 Add: +2.50</p> <p><b>Auto refraction:</b> Binocular PD: 63.0 (diet) OD -0.50 -1.50 x 095 OS -3.00 -3.00 x 031</p> <p><b>Keratometry:</b> <b>OD:</b> Flat 43.25, axis 174, steep 45.50, axis 084 <b>OS:</b> Flat 43.00, axis 003, steep 45.50, axis 093</p> <p><b>Manifest refraction:</b> OD -1.00</p>	XXX Medical Record - 000006 - XXX Medical Record - 000008

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		<p><b>IOP:</b> OD 15, OS 17</p> <p><b>Examination:</b>  <b>Examination of ocular adnexae:</b>  OD External: Formal lid position, nasolacrimal and orbital exam  <b>OD lid margin:</b> Quiet and normal  <b>Bulbar and palpebral conjunctivae:</b>  <b>OD conjunctiva:</b> While and quiet  <b>Slit lamp examination of cornea OD:</b>  <b>OD cornea:</b> Clear cornea  <b>Sift lamp examination of anterior chamber OP:</b>  <b>OD anterior chamber:</b> Deep and quiet anterior chamber  <b>Slit lamp examination of iris OD:</b>  <b>OD iris:</b> Normal iris without rubeosis  <b>Slit lamp examination of lens OD:</b>  <b>OD lens:</b> Pseudophakia PCIOL cantered in bag perfect axle. No remaining cylinder.  <b>Ophthalmoscope examination of optic disc OD:</b>  <b>OD optic disc:</b> Flat and normal disc</p> <p><b>Ophthalmoscopic examination of retina and vessels OD:</b>  <b>OD vitreous:</b> Vitreous clear without hemorrhage, cells or pigment  <b>OD vessels:</b> Vessels with normal contour, caliber without neovascularization  <b>OD macula:</b> Macula normal contour without heme, edema, drusen or exudate  <b>OD periphery:</b> Periphery normal appearance without retinal tears, breaks, holes or mass</p> <p><b>Impression and plan:</b>  Bland ointments at bedtime, pred acetate four times a day and tapered over three weeks in right eye with punctal occlusion. Referred to XXX XX XX for left toric implant set at -2.50 SPH. Letter to XXX on communication</p> <p><b>Age related cataract OU, combined</b>  Distributed on the right eye and left eye</p> <p><b>Plan:</b> Post op evaluation cataract  Counselling – Cataracts  Referral correspondence</p> <p><b>Age-related cataract OS</b>  Combined  <b>Plan:</b> Counseling - Cataracts.  <b>Plan:</b> Referral correspondence.</p>	
0MM/DD/	XX Clinic, P.S.	<b>Correspondence to Dr. XX:</b>	XXX Medical

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
2022	Mark XXX, OD	<p><b>Dear XX,</b></p> <p>I finally got her settled down and she is now 20/20 - in her right eye with the refractive outcome at -100 SPH just as we targeted, she still has some hyperemia, claims XXX did not give her more post op drops or call her back so I put her on a course of pred acetate 1% to whiten her eye and calm her down. Plus bland ointment at night. She also claims her right lid droops more now since the surgery and I reassured her on that</p> <p>As I mentioned in my text, I need you to clear a spot in XX to do her second eye. LE target will be -2.50 SPH using toric implant to correct her mostly corneal cycle. Please alert BJ or XX to call her immediately as soon as you clear a spot in XX and get her on the schedule. She was quite relieved when I told her I will pull in a favor from you to get her second surgery in XX. She trusts you as a surgeon and me as her primary care eye doctor, but she is still upset at the XXX OD and lay staff on lack of communication. She is a potential time bomb and I really need your staff to heighten their communication with her. I think her outcomes will be great, her RE has come out fine but it took time, as I reassured her again and again. Let's get that second eye done in XX as soon as you can and get her back to me and out of your hair.</p>	Record - 000005
MM/DD/2022	<p>XXXX Institute</p> <p>Thalia XX, (<i>Credentials Unknown</i>)</p> <p>Victoria XX, OD</p>	<p><b>Follow up visit for evaluation of cataract:</b></p> <p>Patient is a YY-year-old presents at XXX for evaluation of cataract quick check.</p> <p><b>Chief complaint:</b></p> <p>The patient notes glare in the OU. The onset was gradual, and the symptom is fluctuating. It affects near and distance vision and the condition is associated with bright lights. The patient notes decreased vision in the OS&gt;OD. The onset was gradual, and the symptom is constant. It affects near and distance vision and the condition is associated with daily activity and chores. Patient had CE OD in 12/2021 patient feels OD is comfortable after finishing off PA 1% as directed by Dr. XXX to resolve chemosis and lid edema. Patient feels that vision in the OD is not as clear as it could be. Patient notices that OS is much more blurry after having CE OD. Patient is not currently wearing specs and is not comfortable driving. Patient notices needing more light OU to be able to read.</p> <p><b>Physical examination:</b></p> <p>Patient's mood/affect is normal. Patient is oriented to person, place and time.</p>	<p>XXX Medical Record - 000018 -</p> <p>XXX Medical Record - 000023</p>

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		<p><b>Auto refraction:</b>  <b>OD:</b> Spherical -1.25, cylindrical -0.25, axis 096, Dva 20/25 +2  <b>OS:</b> Spherical -4.25, cylindrical -2.50, axis 024, Dva 20/60 +2</p> <p><b>Keratometry:</b>  <b>Auto K's</b>  <b>OD:</b> K1 43.50, Merid 173, average 44.50, delta Ks 2.00, steeper Merid 083  K2 45.50, Merid 083  <b>OS:</b> K1 43.00, Merid 001, average 44.25, delta Ks 2.50, steeper Merid 091  K2 45.50, Merid 091</p> <p><b>Intraocular pressure:</b>  OD 16  OS 19</p> <p><b>External examination:</b>  <b>OD:</b>  <b>Pupils:</b> Pupils equal, round, reactive, no APD  <b>Size:</b> 5 mm  <b>Bright:</b> 4.5 mm  <b>Confrontational:</b> Confrontation fields full to finger counting  <b>Motility:</b> EOM is full  <b>Slit lamp examination:</b>  <b>Adnexa:</b> Normal  <b>Conjunctiva:</b> Trace injection  <b>Cornea:</b> Clear  <b>Anterior chamber:</b> Deep and quiet  <b>Iris:</b> Normal  <b>Lens:</b> Toric IOL in good position, posterior capsule intact and clear</p> <p><b>OS:</b>  <b>Pupils:</b> Pupils equal, round, reactive, no APD  <b>Size:</b> 4 mm  <b>Bright:</b> 3.5 mm  <b>Confrontational:</b> Confrontation fields full to finger counting  <b>Motility:</b> EOM is full  <b>Slit lamp examination:</b>  <b>Adnexa:</b> Normal  <b>Conjunctiva:</b> White and quiet  <b>Cornea:</b> Mild ABMD nasal periphery  <b>Anterior chamber:</b> Deep and quiet</p>	

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		<p> <b>Iris:</b> Normal  <b>Lens:</b> 2-3+ CS, 2+ NS, 2+ PSC  <b>Vitreous:</b> Vitreous syneresis  <b>Optic nerve:</b> Flat, sharp, good color  <b>CD ratio:</b> Horizontal .4 vertical .4  <b>Macula:</b> Flat and dry  <b>Retinal vessels:</b> Normal  <b>Periphery:</b> Flat x 360 degrees, no RD, no holes </p> <p> <b>Impression and plan:</b>  <b>Combined forms of age-related cataract, left eye</b>  Discussed cataract(s) with patient. Reviewed risks, benefits, alternatives of surgery. Discussed the possibility of glare, streaks, arcs and halos. Reviewed the need for medications at distance and near postoperatively, as well as refractive endpoint. Option of CE Toric IOL OS first with endpoint of -2.50D to achieve modified myopia as recommended by Dr. XXX. Reviewed increased potential of PCO and future need for YAG capsulotomy secondary to nature of cataract. Patient wishes to proceed with surgery. Patient to update spec medications for BCVA at distance once both eyes are completely healed. Until then, patient is set for best uncorrected at near and intermediate tasks. </p> <p> <b>Presence of intraocular lens</b>  Continue to monitor. </p> <p> <b>Regular astigmatism, bilateral</b>  Discussed pros and cons of toric IOL including no guarantee of spectacle independence at distance or near with Toric IOL. Discussed risks of needing IOL reposition if IOL rotates off axis. Toric IOL may reduce astigmatism but may not eliminate all the astigmatism. Additional cost discussed with Toric IOL. Patient elects TORIC IOLs OS. </p>	
MM/DD/2022	XXXX Institute	<p> <b>Surgery scheduling:</b> </p> <p> <b>Indications for surgery:</b>  OU glare  OC &gt; decreased vision OD </p> <p> <b>Procedure:</b> Cataract/ Intra Ocular Lens (IOL)  <b>Eye:</b> OS </p> <p> <b>Specific instructions:</b>  <b>Level 1:</b> High anxiety </p> <p> <b>General information:</b>  Patient desires XXX PO: 1 day Patient desires outside </p>	XXX Medical Record - 000017

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		<p>doctor: 1 week 1 month  <b>Outside physician: XXX</b></p> <p><b>Discussion:</b>  Patient elects PMN- no charge  Modified monovision goal -- Endpt for CE OS to be determined by Dr. XXX at 1-week post-op. Unable to calculate Toric IOL until endpoint confirmation received. Please try to have 1-day post-op OS scheduled with VR.</p> <p><b>Impression:</b></p> <ul style="list-style-type: none"> <li>OS - Combined forms of age-related cataract, left eye</li> <li>OS - Presence of intraocular lens</li> <li>OU - Regular astigmatism, bilateral</li> </ul>	
0MM/DD/2022	Kristina XX, ( <i>Credentials Unknown</i> )	<p><b>Telephone conversation:</b></p> <p>Telephone conversation to patient as requested by message. Patient wants to talk about compensation for her "botched" surgery in XXX. Spoke with her about processes at XXX and suggested that she email SM in XXX to start that process. She said that she would do that and then get back to me if she was going to proceed with 2nd eye or not based on that response, kb</p>	XXX Medical Record - 000014
MM/DD/2022	XXXXXX  Walter XX, M.D.	<p><b>Office visit for cataract evaluation:</b></p> <p><b>Chief complaint/history of present illness:</b>  Cataract evaluation left. Had cataract surgery not happy with outcome is a __. <b>Thinks XXX made a mistake</b></p> <p><b>Examination:</b>  Epi – Intact OU  Stroma – Vertical cylinder OU  Endo – Good cell count right  Lens - 2-3+ NS left  IOL – PCO right, IOL in place right</p> <p><b>Assessment:</b>  PCO present right, interesting with VA/IOL is in place right/cataract left, vertical cylinder OU</p> <p><b>Plan:</b>  YAG done right/suggested toric lens left</p> <p>Discussed proceeding with Phaco Left</p>	2023-MM-DD XXXXXX- 000002
MM/DD/2022	XXXXXX  Walter XX, M.D.	<p><b>Follow up visit for eye complaints:</b> <i>Illegible notes</i></p> <p><b>Chief complaint/history of present illness:</b>  VA improvement after Yag OD. Hoping to clear up as</p>	2023-MM-DD XXXXXX- 000003

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		<p>today.</p> <p><b>Examination:</b>  Long discussion left eye ultimately, she elected ____  astigmatism correction  EPI – Intact OU  Stroma – Clear, vertical cylinder OU  Lens 2-3 + NS with CS left</p> <p><b>Assessment:</b>  Improvement in VA post-YAG right/cataract left</p> <p><b>Plan:</b>  Will send info regarding IOL right/unsure whether to use  toric lens or not left</p> <p><b>Notes:</b>  MM/DD/2022 MRI per Dr. XXX -1.00 spherical OD will  attempt to make patient a – 250 for near visual acuity ____</p>	
MM/DD/2 021- MM/DD/2 022	Multiple Providers	<p><b>Other related records:</b></p> <p>Authorization (<i>Bates ref: XXX Medical Record – 000001</i>)  (<i>PDF ref: 1</i>)</p> <p>Consent (<i>Bates ref: XXX Medical Record – 000058</i>) (<i>PDF</i>  <i>ref: 58</i>)</p> <p>Diagnostic Test-Others (<i>Bates ref: XXX Medical Record -</i>  <i>000049, XXX Medical Record - 000070 - XXX Medical</i>  <i>Record - 000094, 2023-MM-DD XXXXX- 000007 - 2023-</i>  <i>MM-DD XXXXX- 000009</i>) (<i>PDF ref: 49, 70-94, 101-103</i>)</p> <p>Discharge Instructions (<i>Bates ref: XXX Medical Record -</i>  <i>000062 - XXX Medical Record - 000063</i>) (<i>PDF ref: 62-63</i>)</p> <p>Fax Sheets (<i>Bates ref: 2023-MM-DD XXXXX- 000001, XXX</i>  <i>Medical Record - 000002</i>) (<i>PDF ref: 95, 2</i>)</p> <p>Medical Bills (<i>Bates ref: XXX Medical Record - 000043</i>)  (<i>PDF ref: 43</i>)</p> <p>Medical Questionnaire (<i>Bates ref: XXX Medical Record -</i>  <i>000057</i>) (<i>PDF ref: 57</i>)</p> <p>Medical Questionnaire (<i>Bates ref: XXX Medical Record -</i>  <i>000059 - XXX Medical Record - 000060, XXX Medical</i>  <i>Record - 000061, XXX Medical Record - 000064, XXX</i>  <i>Medical Record - 000065, XXX Medical Record - 000042</i>)  (<i>PDF ref: 59-60, 61, 64, 65, 42</i>)</p> <p>Nursing Notes/Records (<i>Bates ref: XXX Medical Record -</i>  <i>000029 - XXX Medical Record - 000031</i>) (<i>PDF ref: 29-31</i>)</p> <p>Operative assessment: (<i>Bates ref: XXX Medical Record -</i>  <i>000036 - XXX Medical Record - 000038</i>) (<i>PDF ref: 36-38</i>)</p> <p>Others (<i>Bates ref: XXX Medical Record - 000013</i>) (<i>PDF ref:</i>  <i>13</i>)</p>	



DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
MM/DD/2022	Walter XX, M.D.	<p><b>Operative report for phacoemulsification with posterior chamber:</b></p> <p><b>Pre-op diagnosis:</b> Combined forms of age-related cataract, left eye</p> <p><b>Post-op diagnosis:</b> Same</p> <p><b>Procedure:</b> Phacoemulsification with posterior chamber intraocular lens placement, left eye</p> <p><b>Anesthesia:</b> Local with monitored anesthesia care.</p> <p><b>Operative indication:</b> Patient is a YY-year-old female patient who has noted decreased vision in the left eye. On examination, the patient was found to have best corrected acuity of 20/60, with a nuclear, cortical and subcapsular cataract. After discussion of the risks and benefits of cataract surgery, the patient elected to undergo the procedure and appropriate consent was obtained.</p> <p><b>Description of procedure:</b> The patient was brought to the operating room in supine position. After pre-sedation and topical lidocaine gel, he had the left periorbital area washed with Betadine scrub, followed by Betadine preparation. She was draped in the standard sterile technique. A wire lid speculum was placed. A 75 Beaver blade was used to enter the eye at the 6:00 clear cornea. Intracameral lidocaine was placed, followed by Healon. A 3.2 mm keratome was used to enter the eye from the temporal clear cornea. An anterior capsulorrhexis was performed. Hydrodissection of the lens nucleus was undertaken. The lens nucleus was then divided into quadrants and removing these in turn. The mechanical irrigation aspiration unit was used to remove remaining cortical debris. Healon was used to fill the capsular bag. A 17.0 diopter foldable posterior chamber lens, model SN60WF was inspected, folded, and placed into an intraocular lens shooter. The shooter was then used to deliver the lens into the capsular bag under direct visualization. Healon was exchanged with balanced salt solution. The surgical wound was closed with one interrupted 10-0 monofilament nylon suture. The wound was found to be secure to exogenous pressure. Approximately 20 mg gentamicin, 50 mg Kefzol and 2 mg of Decadron were injected subconjunctival. A patch and Fox shield were applied to the eye.</p> <p><b>Disposition:</b> The patient was taken to Recovery Room in good condition.</p>	2023-MM-DD XXXXXX- 000004 - 2023-MM-DD XXXXXX- 000005

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		<b>Complications:</b> No complications  <b>Final diagnosis:</b> Same as pre-op diagnosis (above)  <b>Disposition and follow-up:</b> Home Follow up with me day after surgery, or with the referring physician if from out of area.	
MM/DD/2022	XXXXX  <i>Provider Unknown</i>	<b>Follow up visit after cataract surgery:</b> <i>Illegible notes</i>  <b>Chief complaint/history of present illness:</b> Visual Acuity (VA) coming along better daily  <b>Examination:</b> Happy with OCN Reads with OS ____ IOL in place  <b>Assessment:</b> VA improved – Good course  <b>Plan:</b> Removed suture left/Discontinue antibiotics, decreased prednisolone, NaCl to twice daily/Return to clinic in 2 weeks	2023-MM-DD XXXXX- 000006
MM/DD/2022	XXXXX  Walter XX, M.D.	<b>Follow up visit after cataract surgery:</b> <i>Illegible notes</i>  <b>Chief complaint/history of present illness:</b> Clear at times, other times not interested in right eye surgery – Bothering.  <b>Examination:</b> Lids: Plugged Meibomian glands Lashes: Misdirected, trichiasis laterally and nasally Stroma: Clear Lens: Subtle IOL: PCO left  <b>Procedures:</b> Epilation: Right upper and right lower.  <b>Assessment:</b> Blepharitis in both eyes Trichiasis right and left primary laterally and nasally Subtle PCO left  <b>Plan:</b> Epilated lashes in right Expressed lids in both eyes Discontinued gtts	2023-MM-DD UPDATED XXXXX0009

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		Return to clinic in two to three months	
0MM/DD/ 2022	XXXXXX  Walter XX, M.D.	<b>Visit for injury to left eye:</b> <i>Illegible notes</i>  Returned __, hit in left eye with stick. Visual acuity ok. __ appointment today with ____ MM/DD/2022. No pain now	2023-MM-DD UPDATED XXXXXX0009
MM/DD/2 022	XXXXXX  Walter XX, M.D.	<b>Follow up visit after cataract surgery:</b> <i>Illegible notes</i>  <b>Chief complaint/history of present illness:</b> Hit by stick in left eye while pruning - Visual acuity ok questionably. Some pain and irritation but less today. Only wears new glasses to drive.  <b>Examination:</b> Epi: Surface distorted and elevated at 5'o clock in left eye. Stroma: Clear  <b>Assessment:</b> Surface a little distorted and elevated at 5'o clock in left eye from _____. Hopefully well. Heal without keratectomy.  <b>Plan:</b> Return to clinic in one week. Start Prednisone thrice a day. Muro gtts in left/return to clinic in one week.  Discussed proceeding with: Prednisolone in left eye, thrice a day Muro gtts in left eye	2023-MM-DD UPDATED XXXXXX0010
MM/DD/2 022	XXXXXX  Walter XX, M.D.	<b>Follow up visit after cataract surgery:</b> <i>Illegible notes</i>  <b>Chief complaint/history of present illness:</b> Been ok. Left eye visual acuity not as clear as she feels.  <b>Examination:</b> <b>Visual acuity:</b> No glasses today, forgot at home 60-30 - 8 Epi: Intact Stroma: Clear in both eyes IOL: PCO left  <b>Assessment:</b> Corneas are clear in both eyes. Some PCO left, making things cloudy for patient – YAG at 90 days.  <b>Plan:</b> YAG at next visit left. Discontinue Prednisone. Continue A+S on an as-needed basis.  <b>Return to clinic:</b> Three to four weeks.	2023-MM-DD UPDATED XXXXXX0011
MM/DD/2 022	XXXXXX	<b>Follow up visit after cataract surgery:</b> <i>Illegible notes</i>	2023-MM-DD UPDATED

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
	Walter XX, M.D.	<p><b>Chief complaint/history of present illness:</b> 50-50, not as clear as before, wants right eye checked as well today. left eye YAG today.</p> <p><b>Examination:</b> <b>Visual acuity:</b> 20/20-16/16 IOP: 17mmHg after YAG left eye</p> <p><b>Epi:</b> Intact <b>Stroma:</b> Clear. Right subtle and haze in left eye. <b>Endo:</b> without KP <b>A/C:</b> Shallow left <b>IOL:</b> PCO left</p> <p><b>Procedures:</b> YAG left eye</p> <p><b>Assessment:</b> Subtle haze left with PCO – Hopefully should improve. With YAG/right cornea is clear – Stable course/shallow A/C in left.</p> <p><b>Plan:</b> Performed YAG left/gave Diclofenac to use thrice a day for five days then discontinue. Return in one month.</p> <p><b>Discussed proceeding with:</b> Nonsteroidal anti-inflammatory drugs: Left eye thrice a day for 5 days.</p>	XXXXXX0012
MM/DD/2022	XXXXXX Walter XX, M.D.	<p><b>Follow up visit after cataract surgery:</b> <i>Illegible notes</i></p> <p><b>Chief complaint/history of present illness:</b> Still noticing single floater left eye-“tiny black dot”.</p> <p><b>Examination:</b> <b>Visual acuity:</b> 20&lt;20/20-2. TP&lt;15/16</p> <p><b>Lashes:</b> Misdirected left <b>Epi:</b> Intact <b>Stroma:</b> Clear.</p> <p><b>Procedures:</b> Epilation in left upper and lower lids</p> <p><b>Assessment:</b> Corneas are clear in both eyes. Visual acuity good, IOP good. Stable course</p> <p><b>Plan:</b> Epilated lash left/no gtts/return to clinic in one month</p>	2023-09-20 XXX0003
MM/DD/2023	XXXXXX Walter XX, M.D.	<p><b>Follow up visit after cataract surgery:</b> <i>Illegible notes</i></p> <p><b>Chief complaint/history of present illness:</b> Doing ok. Some trouble seeing street signs. Under a lot of stress recently.</p>	2023-09-20 XXX0001

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF
		<b>Examination:</b> <b>Projector:</b> Glass: Trouble with focus <b>Visual acuity:</b> 20<25-2 <b>Epi:</b> Minimal Kero_  <b>Assessment:</b> Confused as to her vague symptoms ____  <b>Plan:</b> Come back in three months.	
00/00/0000	Provider Unknown	<b>Photos/photocopy:</b>	COMBINED 0001 - COMBINED 0003
00/00/0000	Multiple Providers	<b>Other related records:</b>  Legal correspondence ( <i>Bates ref: 2022-03-10 LTR 0001, LETTER TO XXX 0001 - LETTER TO XXX 0004, 2022-05-06 XXX LETTER WITH NOTES 0001, FWD_RELEASE 0001</i> ) ( <i>PDF ref: 104, 136-139, 105, 134</i> ) Blank pages ( <i>Bates ref: 2023-09-20 XXXXX0002, Bates ref: 2023-09-20 XXXXX0008</i> ) ( <i>PDF ref: 252, 258</i> ) Fax sheets ( <i>Bates ref: 2022-08-05 OPTHALMIC CONSULTANTS 0001 - 2022-08-05 OPTHALMIC CONSULTANTS 0002</i> ) ( <i>PDF ref: 106-107</i> ) Loss of income ( <i>Bates ref: ACCOUNTING FOR XXX TO PAY ME 0001</i> ) ( <i>PDF ref: 128</i> ) Authorization ( <i>Bates ref: XXX MEDICAL RECORD 0001</i> ) ( <i>PDF ref: 140-141</i> ) Medical bills ( <i>Bates ref: XXX STATEMENT 0001</i> ) ( <i>PDF ref: 234</i> )	