



Regd. No. 65374

Pre-Op Instruction /Check List	RE	Initial Nursing Assessment
Dilate The Pupil With	RE	Temp _____
Tropical Plus Eye Drop _____ 1st _____ 2nd	☐	Pulse _____
Take Written Consent / Take Special Consent	☐	BP _____
Check BP, Inj Xylocaine,Blood Sugar Report / Fitness	☐	Spo2 _____
Ascan / IOL Master / I Trace / OCT	☐	
Toric Marking / Forehead Marking With Sticking	☐	
Pre-OP Counseling / Betadine Paint	☐	
		Sign
		Name of Nurse _____
		Date 29/04/2026
Check By _____		