

Confirmation of Post-operative Co-Management Arrangement

Patient Confirmation

It is my desire to have my own optometrist _____
perform my post-operative follow-up care after my cataract surgery. I understand
that my optometrist will contact my ophthalmologist immediately if I experience
any complications related to my eye surgery.

Patient

Date

Witness

Date

Optometrist Confirmation

I have agreed to provide follow-up care for _____.
I will see the patient after surgery when Doctor _____
notifies me that he/she is releasing the patient to my care. I agree to notify Doctor
_____ immediately should complication arise and to
provide written progress reports regularly during my portion of the post-operative
period.

Optometrist

Date