



## Confirmation of Post-operative Co-Management Arrangement

### Patient Confirmation

It is my desire to have my own optometrist, Dr. \_\_\_\_\_,

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 Mr./ Mrs. \_\_\_\_\_.

I will see the patient after surgery when Dr. \_\_\_\_\_ notifies me that

he/she is releasing the patient to my care. I agree to notify Dr. \_\_\_\_\_

immediately should complication arise and to provide written progress reports regularly during my portion of the post-operative period.

\_\_\_\_\_  
Optometrist Date