



CO-MANAGEMENT CONSENT FORM

We recognize that our patients have a choice in determining who will provide their post-operative care after surgery. "Co-management" is the dividing of care before and after surgery and involves your ophthalmologist (eye surgeon) and your optometrist (primary eye care provider).

In co-management situation, portions of your pre-operative and post-operative care are provided by your optometrist, depending on the situation. A portion of the surgical fee is paid to the optometrist for these services. There are no additional fees incurred as the result of co-management.

There are several scenarios in which co-management is appropriate:

1. If you have an established relationship with your optometrist and would like to return there for your post-operative care (some of the pre-operative care may have already been provided by your optometrist).
2. If you have difficulty with transportation or are unable to return to our office for the necessary visits after surgery.
3. If our physicians are unable to see you for post-operative care due to a leave of absence.

If any of these apply to you, please indicate below your preference to participate in the co-management with your optometrist.

If you prefer to have your pre-operative and/or post-operative care provided by your physician, your optometrist will be notified. If you choose this option, you may still return to your optometrist for routine care after you are healed from surgery.

_____ I prefer to have my optometrist, Dr. _____, perform my post-operative care.

_____ I prefer to have my surgeon perform my post-operative care.

Printed Name _____

Signed _____ Date _____

Witness _____ Date _____