



Consent for planned comanagement after eye surgery

Dr. Parekh will be performing eye surgery on me. Because of convenience and familiarity, like my referring optometrist to perform my postoperative follow-up care. I have discussed this postoperative selection with my surgeon.

I understand that my surgeon and my comanaging optometrist work closely with one another, and that my optometrist will contact my surgeon immediately if I experience any complications related to my eye surgery.

I understand that I may contact Dr. Parekh at any time after the surgery.

Patient (or person authorized to sign for the patient)

Date

Witness