

Jeremy C. Hwang, MD
David J. Jeng, MD
Alan E. Solinsky, MD
Brian M. Solinsky, MD



CONSENT FOR COMANAGEMENT AFTER EYE SURGERY

Patient Name: _____

- ☐ Jeremy C. Hwang, MD
☐ David J. Jeng, MD

- ☐ Alan E. Solinsky, MD
☐ Brian M. Solinsky, MD

Will be performing cataract surgery on my RIGHT / LEFT eye. It is my desire to have my optometrist, Dr. _____, perform my postoperative follow-up care after my cataract surgery. I have discussed this postoperative selection with my surgeon.

They have informed me that my optometrist is competent to perform the necessary follow-up services for me and may lawfully provide postoperative care under applicable state law, I understand that my optometrist will contact my surgeon immediately if I experience any complications related to my eye surgery.

Patient Signature: _____

Witness Signature: _____

Print Patient Name: _____

Print Witness Name: _____

Date: _____

Date: _____

Optometrist Confirmation

I have agreed to provide postoperative care for patient _____ following cataract surgery. I will see the patient when their surgeon notifies me that they are releasing the patient to my care. I agree to notify their surgeon immediately should complications arise and to provide written progress reports during the postoperative period.

Optometrist Signature: _____

Print Optometrist Name: _____

Date: _____