# Postoperative Care Request Form

*DATE*

Dear _____, M.D.

I __*(patient)*_ voluntarily, knowingly and willingly desire to have __ *(optometrist)* __, my optometrist, perform follow-up care after my cataract surgery. I wish to be followed by my optometrist because:

_____

_____

_____.

I understand that I will not see Dr. __(*optometrist*)__ until you believe it is clinically appropriate. I have discussed my choice with Dr. __(*optometrist*)__ and have been advised that he/she is competent to perform the necessary follow-up services for me. I have been assured that you will be contacted immediately if I experience any complication related to my cataract surgery, and I will be referred back to you if it becomes necessary.

I have been informed that I may receive additional statements and explanations of benefits from Medicare, because two physicians are providing care. However, there is no additional cost to Medicare or me by virtue of this arrangement.

The risks, benefits, and logistics of this arrangement have been explained to me and I desire to proceed.

_____ _____
Patient's Signature Date

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I have agreed to provide postoperative care for __*(patient)*__ following cataract surgery. I look forward to assuming his/her care when you believe it is clinically appropriate. I will keep you advised of his/her progress and will contact you if the patient has complications which warrant your attention.

_____ _____
Optometrist's Signature Date

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I acknowledge receipt of this fully completed and signed form.

_____ _____
Surgeon's Signature Date

## Sample Transfer Agreement
## From Surgeon

May 11

Dear Optometrist:

On May 1 our patient, Mrs. Ida Cancie, under-went successful cataract surgery with implantation of an IOL on her right eye. I saw her on May 2 and today, and her best-corrected vision was 20/20 OD and 20/40 OS.

Enclosed please find a copy of her operative report and postoperative instruction sheet. Her recovery from surgery has proceeded smoothly and is expected to continue that way.

At this time, I am discharging her to your care and have asked her to make an appointment to see you in about two weeks. Please keep me informed of her progress and contact me if any problems arise. Mrs. Cancie will need glasses before too long and I trust you can assist her. Best regards.

Sincerely,
Surgeon

## Sample Transfer Agreement
## From Optometrist

June 1

Dear Surgeon:

I first saw our patient, Mrs. Ida Cancie, on June 1 following successful cataract surgery on her right eye. She is doing well with best corrected visual acuity of 20/20 in that eye. Her refraction is:

| | | | | |
|---|---|---|---|---|
| OD | -0.75 | -0.50 | x165 | VA 20/20 |
| OS | -1.00 | -0.50 | x180 | VA 20/50 |
| ADD | +2.50 OU | | | |

The remainder of her eye exam was unremarkable.
I will let you know if her condition changes. Best regards.

Sincerely,
Optometrist