PeposeVision
INSTITUTE

Co-Management Consent Form

Dr. _____ will be performing _____ surgery on me. I would like my optometrist to perform my post-operative follow-up care. I have discussed this post-operative selection with my surgeon.

I understand that my co-managing optometrist will contact my surgeon immediately if I experience any complications related to my eye surgery.

I understand that I may contact Pepose Vision Institute at any time after the surgery.

I understand that it is imperative that I maintain my post-operative visits in order to ensure I receive the optimal benefits from my procedure.

_____ _____

Printed Patient Name Date

_____

Patient Signature

_____ _____

Witness Date