



Talley Medical Surgical Eye Care Associates, P.C.

Patient Co-Management Consent

Patient Confirmation

T.W. Talley, M.D. / Thomas A. Brummer, M.D. / Dwight A. Silvera, M.D. will be performing **Cataract Surgery / YAG** on my **right / left** eye. I want to have my optometrist perform my postoperative eye care when it is deemed medically appropriate. I have discussed this decision with my surgeon.

My optometrist and surgeon will share pertinent clinical data to assure proper postoperative care. I understand that I am always free to contact my surgeon following surgery.

Patient Name: _____

Patient Signature: _____

Date: _____

Witness: _____

Date: _____

My follow up appointment is scheduled with _____ on _____.

Information for co-managing doctor:

Surgery date: _____

of days optometrist can bill: _____

Turn over date: _____

Ending date: _____

Procedure code: _____

Diagnosis: _____

Location of procedure: _____