Commonwealth Eye Care Associates

Andrew J. Michael, MD
Joseph D. Iuorno, MD
Tami A. Flowers, MD
Matthew T. Young, MD
Bryan A. Goldman, MD

Confirmation of Postoperative Comanagement
Selection by the Patient

Patient Name: _____Patient's Date of Birth: _____

Patient Confirmation

It is my desire to have my own optometrist, Doctor _____, perform my postoperative follow-up care after my cataract surgery. I understand that I may elect to have my optometrist perform my postoperative follow-up care for any personal reasons, including but not limited to comfort, convenience, familiarity, distance of travel, and hours of availability. I understand that as a result of my decision, my optometrist will receive that portion of the surgical fee designated for delivery of postoperative care. I have discussed this post-operative selection with my optometrist and with my ophthalmologist at Commonwealth Eye Care Associates. Doctor Michael, Iuorno, Flowers, Young or Goldman has informed me that an optometrist may lawfully provide post-operative care under applicable state law. I understand that my optometrist will contact Doctor Michael, Iuorno, Flowers, Young or Goldman immediately if I experience any complications related to my eye surgery. I understand that I may also contact Doctor Michael, Iuorno, Flowers, Young or Goldman at any time after the surgery.

Primary Medical Insurance: _____

Referring Doctor is ☐ In-Network ☐ Non-participating with patient's primary medical insurance.

Patient: _____ Date: _____

Witness: _____ Date: _____

Optometrist Confirmation

I have agreed to be fully responsible for providing follow-up care for the above-named patient. I will see the patient after surgery when Doctor Michael, Iuorno, Flowers, Young or Goldman notifies me that the patient is released to my care. I agree to notify Doctor Michael, Iuorno, Flowers, Young or Goldman immediately should complications arise and to maintain written progress reports during my portion of the postoperative period.

Optometrist: _____ Date: _____

West End:
3855 Gaskins Road Henrico, VA 23233

Phone: 804-217-6363
Fax: 804-217-6400

Colonial Heights
648 Southpark Boulevard Colonial Heights, VA 23834