

**POSTOPERATIVE CARE REQUEST FORM**

Dear Samuel M. Salamon, MD or Gregory L. Louis, MD:

It is my desire to have \_\_\_\_\_ OD, my optometrist, perform follow-up care after my cataract surgery. I have discussed this with the doctor and have been advised that (s)he 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.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
I have agreed to provide postoperative care for \_\_\_\_\_ (patient) following cataract surgery. 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