SightMD®
eye doctors • eye surgeons

OD/MD to send to SightMD prior to evaluation
email to **comanage@sightmd.com** or fax to **(631) 924-3196**

CO-MANAGEMENT PATIENT REFERRAL & CONSENT FORM

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Home Phone: _____ Secondary Phone: _____

RESULTS & RECOMMENDATIONS FROM LAST EXAM (please fill out this form or send notes from last exam)

Refraction with BVA: _____

OD _____

OS _____

Name of Referring Physician: _____ Telephone: _____

Name of Cataract Surgeon: _____

Location(s): _____

REQUESTED SURGERY TYPE: ☐ FEMTOSECOND LASER ☐ PHACO WITH IOL

REQUESTED LENS TYPE: ☐ STANDARD ☐ MONOVISION ☐ TORIC ☐ MULTIFOCAL ☐ LIGHT ADJUSTABLE

Contact Lens Rx (if applicable) S _____ C _____ A _____ Add _____

S/P: (CHECK ALL THAT APPLY): ATTACH RECORDS IF APPLICABLE

☐ NO POST-REFRACTIVE ☐ LASIK ☐ PRK ☐ RK ☐ HYPEROPIC ☐ MYOPIC

EVALUATION DATE: _____ EVALUATION LOCATION: _____

DOCTOR NOTES FOR REFERRAL: _____

_____

_____

_____

PATIENT CONSENT FOR CO-MANAGEMENT

Doctor _____ (my "Surgeon"), will be performing Cataract Surgery on me. It is my desire to have Doctor _____ (my "Primary Eye Doctor") perform my post-operative care. I have discussed this election with both my Surgeon and Primary Eye Doctor. I understand that another ophthalmologist or optometrist may lawfully provide post-operative care under applicable state law. I understand that my Primary Eye Doctor will contact my Surgeon immediately if I experience any complications related to my eye surgery and provide progress reports on my recovery during their portion of the post-operative period. I understand that I may also contact my Surgeon at any time and that I can elect to have my Surgeon provide my post-operative follow-up care.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Primary Eye Care Doctor Signature: _____ Date: _____

Surgeon Signature: _____ Date: _____

A copy of all test results and reports will be sent to the referring doctor. Please ask all patients to bring their current medications (ocular and systemic) with them to SightMD.