



Consent for Co-management after Eye Surgery

Name: _____ Exam Date: _____

Date of Birth: _____ Surgery Date(s): _____

From: Steven Sarkisian, M.D.

Procedure(s): _____

Post Op days with Dr. Sarkisian

1st Eye

1 Day _____

1 Week _____

2nd Eye

1 day _____

If the Patient is having cataract surgery in one eye. They will see Dr. Sarkisian for the one-day Post-Op only.

Please schedule the remaining follow ups at your office. If you have any questions please contact

Kristin @ khilborn@okeyesurgeons.com or by phone (405) 943-4413.