

Sample Patient-Specific Transfer of Care Letter from Surgeon

[DATE]

Dear Dr. [NAME OF OD]:

On [DATE], our patient, [NAME], underwent successful cataract surgery¹ with implantation of a(n) [SPECIFY TYPE OF IOL] on his/her [SPECIFY OPERATIVE EYE (LEFT OR RIGHT)] eye. My last postoperative visit with the patient was on [SPECIFY THE DATE] and his/her best-corrected vision was [INSERT].

Following the surgery, I performed an independent postoperative evaluation of [NAME] and determined that (i) his/her recovery from surgery has proceeded without complications and is expected to continue that way and (ii) it is not medically necessary for me to personally continue to provide the postoperative care. Furthermore, based on my independent review of your education, training, and experience, I have determined that it is clinically appropriate for you to provide continuing postoperative care to [NAME].

As you can see from the attached postoperative care consent form, I have informed [NAME] of the approximate fees that he/she can expect to be charged by me if I provide all of the postoperative care, and the approximate fees that he/she can expect to be charged by you and me if he/she consents to his/her postoperative care being co-managed. I have also informed [NAME] that if he/she consents to the co-management of his/her postoperative care, each of us will provide him/her with an accurate and comprehensive itemized statement of the specific postoperative care services that we each provide along with the charge for each service. Having been informed of the foregoing, [NAME] has consented in writing to the co-management of the postoperative care. Therefore, I am delegating my postoperative care responsibilities to you under my supervision. Enclosed please find a copy of the surgery report and the postoperative instruction sheet.

At this time, I am discharging [NAME] to your care and have asked him/her to make an appointment to see you in about [SPECIFY TIME PERIOD]. As indicated in the attached instruction sheet, please keep me informed of his/her progress after each visit and contact me if any complications or problems arise.

Sincerely,

[NAME OF SURGEON]

¹ This template assumes that cataract surgery was performed. It should be modified accordingly for other surgical procedures.