

From (surgeon`s address)



Duly fill in with capital letters!

to

Dr. Schmidt Intraocularlinsen GmbH
Westerwaldstr. 11-13
53757 Sankt Augustin / Germany
Fax: +49 (0) 2241 - 25 787-88

Order form for ArtificialIris



I herewith prescribe with my signature at the bottom of this form a custom-made ArtificialIris for the following patient:

→ Patient Name: _____

→ Eye to be treated:

→ Aniridia Type:

- Full
or
 Partial



RE



LE

→ Model Selection:

- with polymer fibre meshwork for suturing
or
 without polymer fibre meshwork for sutureless fixation in the ciliary sulcus

→ Colour Approval:

- The photo (hardcopy) shows the eye requiring treatment (partial aniridia)
or
 The photo (hardcopy) shows the contralateral eye (full aniridia)

v1.0/04-2008



Surgeon and patient approve the enclosed photo (hardcopy) as the targeted colour / colour distribution for the customized production of the ArtificialIris implant.

Attachment:
- photo (hardcopy)

Date



Surgeon / Prescriber Signature



Patient`s Signature