

From (surgeon`s name and address)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone/Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
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:

**Please submit individual photos of both eyes.**

V 1.1 - 09/2008



Surgeon and patient approve the enclosed photos (print-out) as the targeted colour / colour distribution for the customized production of the ArtificialIris implant.

*Attachment:*  
photos (print-out) of both eyes

\_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_  
Date Surgeon / Prescriber Signature Patient`s Signature