

From (surgeon`s name and address)

Name: _____
Address: _____

Phone/Fax: _____
E-Mail: _____
Please 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:  RE  LE

- Model Selection:
- with** polymer fibre meshwork for treatment of partial aniridia **with suture fixation**
 - with** polymer fibre meshwork for treatment of full aniridia **suitable for scleral suturing** (if ciliary sulcus is insufficient or nonexistent)
 - without** polymer fibre meshwork - Fibre Free - for treatment of full aniridia and **sutureless implantation** (only if ciliary sulcus is intact)

→ Colour Template: A photo print-out (hard copy) is needed as colour template for the production of the ArtificialIris. Please submit your photo of each eye and label the one that shall serve as template for production.



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

Attachment: photos print-outs of both eyes, one print-out labelled

_____ → _____ → _____
Date Surgeon / Prescriber Signature Patient Signature