


Order Form Toric Lenses



Type 313 

- Customized Yellow
 Standard

TO BE COMPLETED BY OPERATOR

SURGEON

Name:	Surname
Office/Clinic:	Fon:
Zip, City:	Fax:

PATIENT

Patient Number:	
Date of Birth:	Date of surgery:
Eye <input type="checkbox"/> OD (right Eye)	<input type="checkbox"/> OS (left Eye)

LENS

Surgically ind. Ast. (SIA) [D]:	Incision Location (IL) [°]:
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IOL Spherical Power [D]:	
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Approbiated formul Haigis HofferQ SRK II SRK/T

Measurement (mm) <input type="checkbox"/> Ultrasound <input type="checkbox"/> Optical (i.e. IOL-Master)	
Axial Length (mm):	Anterior Chamber Depth (mm):

Radius: <input type="checkbox"/> Topographer <input type="checkbox"/> IOL-Master		
	mm	Axis
K1 (flat)		
K2 (steep)		

UCVA:	
BCVA:	
Pre-Op Refraction (D):	
Target Refraction (D):	

Please note, that wearers of contact lenses need to observe a 2 weeks waiting period

Mandatory, to be completed by operator

PROCESSING OF THE DATA BY OCULENTIS (CALCULATION FORM FOLLOWS)

Order form processes by:	Date:
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