

**PERIOPERATIVE SERVICES
IOL REQUEST FORM**

CURRENT DATE & TIME:

SURGERY DATE:

PATIENT'S NAME:

PATIENT'S DOB:

SURGEON:

PHONE NO.:

INSTRUCTIONS:

This form must be completed electronically and submitted to the email address at the end of the form. Hand written forms will not be accepted.

MATERIALS USE ONLY

PRIMARY LENS MODEL:	+ / -	DIOPTER	In Stock	Ordered	Received
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<i>Initials Date</i>	<i>Initials Date</i>	<i>Initials Date</i>

BACKUP LENS MODEL:	+ / -	DIOPTER	In Stock	Ordered	Received
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BACKUP #2 LENS MODEL:	+ / -	DIOPTER	In Stock	Ordered	Received
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BACKUP #3 LENS MODEL:	+ / -	DIOPTER	In Stock	Ordered	Received
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

COMMENTS: