

**PERIOPERATIVE SERVICES  
IOL REQUEST FORM**

CURRENT DATE & TIME:

SURGERY DATE:

PATIENT'S NAME:

PATIENT'S DOB:

SURGEON:

PHONE NO.:

**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:**