Reset Form

New York Eye and Ear Infirmary of Mount Sinai

DIVISION OF PERIOPERATIVE SERIVCES
INTRAOCULAR LENS ORDER FORM
TEL.# (212) 979-4314
FAX # (212) 614-8292
FAX # (212) 979-4683
IOL CLERK - Art Rosario

Surgery Date:

Surgeon:

Phone #:

ADM IOL ORDER

Patient	OD or OS	Primary Lens Model	Diopter	Back-up Lens	Diopter	Comments

Measurements above check against primary source

Physician Signature

Date:

Time: