

Add-On CALCULATION REQUEST FORM

GENERAL DATA

Patient initials:		Surgeon:	
Patient ID:		Institute:	
Date of birth:		Date of examination:	

OD (RIGHT EYE)

OS (LEFT EYE)

STABLE SUBJECTIVE REFRACTION AFTER CATARACT SURGERY*

UDVA [decimal]:		UDVA [decimal]:	
CDVA [decimal]:		CDVA [decimal]:	
	SPH	CYL	Axis
Correction:		Correction:	

PRIMARY IOL INFORMATION

Implanted IOL type:		Implanted IOL type:	
Multifocal:	Toric:	Multifocal:	Toric:
IOL power:		IOL power:	
Cylinder power:		Cylinder power:	
Date of implantation:		Date of implantation:	

BIOMETRY/KERATOMETRY AFTER CATARACT SURGERY*

Measurement method:		Measurement method:	
K index:		K index:	
Axial length:*		Axial length:*	
ACD (pseudophakic):		ACD (pseudophakic):	
	mm	D	Axis
R1/K1:*		R1/K1:*	
R2/K2:*		R2/K2:*	

REMARKS

Prior refractive surgery:		Prior refractive surgery:	
Prior keratoplasty:		Prior keratoplasty:	
Other ocular pathology:		Other ocular pathology:	
Other remarks:		Other remarks:	

REQUIRED Add-On LENS*

Please select type:		Please select type:	
Target refraction:		Target refraction:	

* mandatory

Disclaimer of warranty: On the basis of biometric data previously determined and provided by medical specialists, Medicontur Medical Engineering Ltd. calculates non-binding recommendations. The recommendations are only approximations on the basis of general experience. Verification is needed by the user of the recommendation. No liability is assumed for medical accuracy, direct, indirect or consequential damages related to the recommendation.