

# ARTIFICIAL IRIS ORDER FORM

**FROM**

**PLEASE SEND**

Directly to local distributor or HumanOptics

Surgeon's name: \_\_\_\_\_  
Clinic address: \_\_\_\_\_

HumanOptics AG  
Spardorfer Str. 150 | 91054 Erlangen | Germany

**DISTRIBUTED BY**

Phone/ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I, the undersigned, hereby order a custom-made Artificial Iris as follows:

Surgeon certificate no: \_\_\_\_\_  
(If available)

Patient ID: \_\_\_\_\_

Eye to be treated:     RE         LE    

Aniridia type:     congenital     acquired

Model selection:

Artificial Iris with Fiber (with polymer fiber meshwork)  
for cases where suturing **is** indicated (initially or at a later time)

Artificial Iris Fiber Free (no polymer fiber meshwork)  
for cases where suturing **is not** indicated

Standby selection:     with **one** standby     with **two** standbys  
Please return the standby(s) or justify their use promptly after surgery. If not, you will be charged for the full value of the implant(s) and an invoice will automatically be sent to you after 6 months.

Surgeon (and patient) approve the labelled photo from the enclosed printouts as the target color/color distribution for the customized production of the Artificial Iris implant.

The manufacturer is not liable for a postoperative difference in color between the natural iris tissue and the iris implant.

CHECK-LIST:

- 1) photo printouts of the **right** eye, the **left** eye and **both** eyes together (bridge)
- 2) **one** printout **signed and dated** by the surgeon for production
- 3) completed and signed **order form**

\_\_\_\_\_ Date

\_\_\_\_\_ Surgeon Signature (mandatory)

\_\_\_\_\_ Patient Signature (optional)

In case of cancellation of this custom-made medical device after the production process has been initiated, a refund or credit is not possible.