

ORDER FORM CUSTOMFLEX® ARTIFICIAL/IRIS

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: _____
You will receive your personal certificate number after completion of the Online Certification Course.

Patient ID: _____

Eye to be treated: RE  LE 

Aniridia type: congenital acquired

Model selection: **ARTIFICIAL/IRIS with Fiber**
For cases where suturing is indicated (initially or at a later time).
 ARTIFICIAL/IRIS Fiber Free
Developed for cases without suture fixation. Suture fixation possible with appropriate technique.

Standby selection: with **one** or with **two** standby implants

Please return the standby implant(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.

Trephines (9.0-12.5 mm in 0.5 mm steps) are available on request (certain conditions apply). Please contact our customer service to check your supply options.

Please ensure that you enclosed the following documents to your order:

- Check-list: Photo printout for production
(usually a photo print of the healthy eye is used here)
 Photo printout of both eyes together (bridge photo)

If you have any questions about application, order process or image selection, please contact your local distributor or our customer service.

Surgeon (and patient) approve the labelled photo from the enclosed printouts as the target color/color distribution for the customized production of the CUSTOMFLEX® ARTIFICIAL/IRIS implant. The manufacturer is not liable for a postoperative difference in color between the natural iris tissue and the iris implant.

The surgeon agrees not to use the CUSTOMFLEX® ARTIFICIAL/IRIS in a phakic eye purely for cosmetic reasons.

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

Date

Surgeon Signature (mandatory)

Patient Signature (optional)