

Directly to local distributor or HumanOptic Surgeon's name: HumanOptics Holding AG		IRIS ORDER	PLEASE SEND
Surgeon's name:       Spardorfer Str. 150   91054 Erlangen   Germ         Clinic address:       DISTRIBUTED BY         Phone/Fax:       E-Mail:         E-Mail:       It he undersigned, hereby order a custom-made Artificial/ris as follows:         Surgeon certificate no:       Surgeon certificate no:         (if available)       It he undersigned, hereby order a custom-made Artificial/ris as follows:         Patient ID:       It he undersigned, hereby order a custom-made Artificial/ris as follows:         Eye to be treated:       RE         Aniridia type:       It congenital         Antrificial/ris with Fiber (with polymer fiber meshwork)       for cases where suturing is indicated (initially or at a later time)         Artificial/ris Fiber Free (no polymer fiber meshwork)       for cases where suturing is not indicated         Standby selection:       With one standby         Verageon (and patient) approve the labelled photo from the enclosed printouts as the tare color/color distribution for the customized production of the Artificial/ris 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	DIVI		Directly to local distributor or HumanOptics
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