

ARTIFICIAL IRIS ORDER FORM

FROM

PLEASE SEND

Directly to local distributor or HumanOptics

Surgeon's name: _____
Clinic address: _____

HumanOptics Holding 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.