

Preferred IOL for Pending Procedure

Manufacturer:

Model:

Placement:

Manufacturer Lens Constant:

Personal Lens Constant:

Name of Personal Completing this Form:

Please use the space below to give a brief description of the procedure you are planning and the type of assistance you would like. Click the email button to send your data to PreVize. Please fax all available topography to 281-754-4316. Thank you.