

**REQUEST FORM  
FOR DELIVERY OF A CUSTOM-MADE DEVICE  
FROM GEBAUER MEDIZINTECHNIK GMBH**

**XENIA®**

CORNEAL IMPLANT

**Indication for implantation of a XENIA® CORNEAL IMPLANT:** *(please tick the appropriate indication)*

**KERATOCONUS**

**POST-LASIK ECTASIA**

**HYPEROPIA**

**MYOPIA**

**OTHER** *(specify)*

**PRESCRIBED LENTICULE DIMENSIONS:** *(please describe the required lenticule dimensions)*

**THICKNESS** *(in  $\mu\text{m}$ )*

**DIAMETER** *(in mm)*

**SPECIAL GEOMETRY / REFRACTIVE POWER** *(specify)*

**ANONYMOUS IDENTIFICATION OF PATIENT:**

Patient Identification Number

**CLINIC NAME/STAMP:**

Stamp

**PRESCRIBING OPHTHALMOLOGIST:**

Name

Date

Signature

**GEBAUER SERIAL NO. & ORDERED GEOMETRY:** *(to be completed by Gebauer)*