

**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

PRESBYOPIA

HYPEROPIA

MYOPIA

OTHER *(specify)*

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

THICKNESS *(in μm)*

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)*