OPHTEC
focus on perfection

Artiflex® Foldable Iris Fix Implants
ARTISAN® IRIS FIX IMPLANTS

Lens power calculation request form for ARTIFLEX® and ARTISAN® refractive lenses

E-mail: calculations@ophtec.com
Fax number: 0031-50-5274996

Surgeon: ……

E-mail/fax: …… ……

Patient ID: ……

Date of birth:……

Please complete:	**Right (OD)**	**Left (OS)**
Check preferred PIOL	☐ **ARTIFLEX®** ☐ spheric ☐ toric ☐ **ARTISAN®** ☐ spheric (202 / 203 / 204 / 206) ☐ toric	☐ **ARTIFLEX®** ☐ spheric ☐ toric ☐ **ARTISAN®** ☐ spheric (202 / 203 / 204 / 206) ☐ toric
Vertex: standard 12 mm	**If other:** **mm**	**If other:** **mm**
Subjective refraction Sphere Cylinder Axis *	……. D ……. D ……. °	……. D ……. D ……. °
K-values K1 K2	……. D ……. D	……. D ……. D
A.C. Depth From epithelium ☐ or From endothelium ☐ Pseudophakic ☐	……. mm Pachymetry: …… µm	……. mm Pachymetry: …… µm
Postoperative target *(cylinder target is only possible for toric models)*	Sphere……. D Cylinder……. D	Sphere……. D Cylinder……. D
For toric models only: **Orientation of incision** *(superior is standard)*	☐ Superior *(PIOL horizontal)* ☐ Temporal *(PIOL vertical)*	☐ Superior *(PIOL horizontal)* ☐ Temporal *(PIOL vertical)*

Remarks:
……
……
……
……

Date: …… **Please note: * is mandatory for toric models**

A601000050 Issue 10