

RETINA AMBULATORY SURGERY CENTER
138-140 EAST 80TH STREET, NEW YORK
TEL.212-772-6830 FAX 212-772-6883

IOL ORDER REQUEST

DATE OF SURGERY _____

DOCTOR NAME _____

PATIENT NAME _____

LENS MODEL _____

IOL DIOPTRER _____

EYE: LEFT _____ RIGHT _____

Please fax this form with the information one week before surgery date
Fax # (212)772-6883

Thank you,