

**Lens power calculation request form for
ARTIFLEX, Artiplus and ARTISAN refractive lenses**

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

Surgeon:		
E-mail/fax:		
Patient identification code*:		
Date of birth:		
Please complete:	Right (OD)	Left (OS)
Check preferred PIOL	<input type="checkbox"/> ARTIFLEX <input type="checkbox"/> spheric <input type="checkbox"/> toric <input type="checkbox"/> ARTISAN <input type="checkbox"/> spheric (203 / 204 / 206) <input type="checkbox"/> toric <input type="checkbox"/> Artiplus	<input type="checkbox"/> ARTIFLEX <input type="checkbox"/> spheric <input type="checkbox"/> toric <input type="checkbox"/> ARTISAN <input type="checkbox"/> spheric (203 / 204 / 206) <input type="checkbox"/> toric <input type="checkbox"/> Artiplus
Vertex: standard 12 mm	If other: mm	If other: mm
Subjective refraction		
Sphere D D
Cylinder D D
Axis ** ° °
K-values K1 D D
K2 D D
A.C. Depth		
From epithelium <input type="checkbox"/> mm mm
or <input type="checkbox"/>		
From endothelium <input type="checkbox"/>	Pachymetry: µm	Pachymetry: µm
Pseudophakic <input type="checkbox"/>		
Postoperative target		
<i>(cylinder target is only applicable for toric models)</i>	Sphere..... D	Sphere..... D
	Cylinder..... D	Cylinder..... D
For toric models only: Orientation of incision <i>(superior is standard)</i>	<input type="checkbox"/> Superior <i>(PIOL horizontal)</i> <input type="checkbox"/> Temporal <i>(PIOL vertical)</i>	<input type="checkbox"/> Superior <i>(PIOL horizontal)</i> <input type="checkbox"/> Temporal <i>(PIOL vertical)</i>
Remarks:		
Please note: *anonymized data only **mandatory for toric models		
Date:		