**ARTIFICIAL IRIS ORDER FORM**

<table>
<thead>
<tr>
<th>FROM</th>
<th>PLEASE SEND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgeon’s name:</td>
<td>Directly to local distributor or HumanOptics</td>
</tr>
<tr>
<td>Clinic address:</td>
<td>HumanOptics AG</td>
</tr>
<tr>
<td>Phone/ Fax:</td>
<td>Spardorfer Str. 150</td>
</tr>
<tr>
<td>E-Mail:</td>
<td>DISTRIBUTED BY</td>
</tr>
</tbody>
</table>

I, the undersigned, hereby order a custom-made Artificial Iris as follows:

**Surgeon certificate no:**
(If available)

**Patient ID:**

**Eye to be treated:**
- [ ] RE
- [ ] LE

**Aniridia type:**
- [ ] congenital
- [ ] acquired

**Model selection:**
- [ ] Artificial Iris with Fiber (with polymer fiber meshwork)
  for cases where suturing is indicated (initially or at a later time)
- [ ] Artificial Iris Fiber Free (no polymer fiber meshwork)
  for cases where suturing is not indicated

**Standby selection:**
- [ ] with one standby
- [ ] with two standbys

Please return the standby(s) or justify their use promptly after surgery. If not, you will be charged for the full value of the implant(s) and an invoice will automatically be sent to you after 6 months.

Surgeon (and patient) approve the labelled photo from the enclosed printouts as the target color/color distribution for the customized production of the Artificial Iris implant.

The manufacturer is not liable for a postoperative difference in color between the natural iris tissue and the iris implant.

**CHECK-LIST:**
1) photo printouts of the right eye, the left eye and both eyes together (bridge)
2) one printout signed and dated by the surgeon for production
3) completed and signed order form

**Date**

**Surgeon Signature** (mandatory)

**Patient Signature** (optional)

In case of cancellation of this custom-made medical device after the production process has been initiated, a refund or credit is not possible.