

IOL Implant Reservation

Instructions for IOL Implant Reservation

1. Complete reservation form with the appropriate information:

- Date of surgery
- Patient name
- Patient date of birth
- Surgeon
- Check right or left eye
- Posterior or anterior lens
- Model
- Diopter

If surgeon wants more than one posterior or anterior IOL, note this in second choice on lens reservation form.

- Information needs to be legible for patient safety and accuracy.
- Write initials or first name in designated location (order sent by) on the lens reservation form.
- Fax lens reservation form to Phillips Eye Institute at 612-775-8975.
- Fax needs to be received at Phillips Eye Institute as soon as possible.

Please note:

Call Phillips Eye Institute at 612-775-8980 three working days prior to surgery to SPECIAL ORDER LENS not in inventory at Phillips Eye Institute.

SPECIAL MANUFACTURED LENS may take several weeks or longer. Please call Phillips Eye Institute at 612-775-8980 to order.

Do not alter the IOL Implant Reservation form in size. If you need additional copies please call or fax Phillips Eye Institute or download the form at allinahealth.org/peiprofessionals.

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Phillips Eye Institute IOL Implant Reservation
Send reservation 48 hours prior.
Fax # 612-775-8975

Date of surgery: _____
Patient name: _____
Patient DOB: _____
Surgeon: _____

Right Left Specialty lens (send 3-5 business days prior)

	First choice	Second choice
POSTERIOR		
Model #:		
Diopter:		
ANTERIOR		
Model #:		
Diopter:		

Order sent by: _____ (office staff)
IOL selected by: _____ / _____ (Phillips Eye Institute staff)
Surgeon reviewed source document to IOL
prior to Time Out: _____ (RN)
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Download this form at phillipseyeinstitute.com/peiprofessionals.
allinahealth.org/phillipseye



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First choice Second choice

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