

LIONS MEDICAL EYE BANK

600 Gresham Drive
Norfolk, VA 23507

Phone: (757) 388-2020

Fax: (757) 388-3744



CORNEA/SCLERA TRANSPLANT WAITING LIST

FAX or mail this form AND call the eye bank to confirm receipt of information.

Date/Time faxed/mailed to eye bank: _____ Initials: _____

- | | | | |
|----------------|---|-------------------|--|
| Tissue: | <input type="checkbox"/> Cornea | Procedure: | <input type="checkbox"/> PKP |
| | <input type="checkbox"/> Pre-cut Cornea for DSAEK or EK | | <input type="checkbox"/> LKP or ALK |
| | <input type="checkbox"/> Split-Thickness Sclera™ | | <input type="checkbox"/> DSAEK, DLEK, EK |
| | <input type="checkbox"/> Quarter Sclera | | <input type="checkbox"/> Enucleation |
| | <input type="checkbox"/> Whole Sclera | | <input type="checkbox"/> Glaucoma Valve |
| | <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Other: _____ |

Is this a reschedule? Yes No

Has patient had previous PKP? Yes No

Date patient added to list: _____

Surgeon Name: _____ Surgery Location: _____

Patient Name: _____ Age: _____ Sex: _____ Race: _____

Preoperative Diagnosis: _____ OD OS

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Patient Occupation: _____

Patient Street Address: _____

City, State, Zip: _____

Preferred Date & Time of Surgery:

For LMEB use: Date/Time/Initials when logged into system : _____

•It is the transplant surgeon's responsibility to contact the eye bank the business day prior to surgery to confirm the availability of tissue.