

**Lens power calculation request form for  
ARTIFLEX® and ARTISAN® refractive lenses**E-mail: [calculations@ophtec.com](mailto:calculations@ophtec.com)

Fax number: 0031-50-5274996

Surgeon: .....		
E-mail/fax: .....		
Patient ID: .....		
Date of birth: .....		
<b>Please complete:</b>	<b>Right (OD)</b>	<b>Left (OS)</b>
<b>Check preferred PIOL</b>	<input type="checkbox"/> <b>ARTIFLEX®</b> <input type="checkbox"/> spheric <input type="checkbox"/> toric	<input type="checkbox"/> <b>ARTIFLEX®</b> <input type="checkbox"/> spheric <input type="checkbox"/> toric
	<input type="checkbox"/> <b>ARTISAN®</b> <input type="checkbox"/> spheric (202 / 203 / 204 / 206) <input type="checkbox"/> toric	<input type="checkbox"/> <b>ARTISAN®</b> <input type="checkbox"/> spheric (202 / 203 / 204 / 206) <input type="checkbox"/> toric
<b>Vertex: standard 12 mm</b>	<b>If other: mm</b>	<b>If other: mm</b>
<b>Subjective refraction</b>		
Sphere	..... D	..... D
Cylinder	..... D	..... D
Axis *	..... °	..... °
<b>K-values</b> K1	..... D	..... D
K2	..... D	..... D
<b>A.C. Depth</b> From epithelium <input type="checkbox"/> or From endothelium <input type="checkbox"/> Pseudophakic <input type="checkbox"/>	..... mm Pachymetry: ..... µm	..... mm Pachymetry: ..... µm
<b>Postoperative target</b> (cylinder target is only possible for toric models)	Sphere..... D Cylinder..... D	Sphere..... D Cylinder..... D
<b>For toric models only: Orientation of incision</b> (superior is standard)	<input type="checkbox"/> Superior (PIOL horizontal) <input type="checkbox"/> Temporal (PIOL vertical)	<input type="checkbox"/> Superior (PIOL horizontal) <input type="checkbox"/> Temporal (PIOL vertical)
<b>Remarks:</b> ..... ..... ..... .....		
<b>Date:</b> ..... <b>Please note: * is mandatory for toric models</b>		