

San Diego Eye Bank
Excimer Laser Center
9246 Lightwave Ave., Suite 120
San Diego, CA 92123



Phone: (858) 694-0400
Fax: (858) 565-7368

PENTACAM ORDER

Appointment Date/Time: _____ Physician: _____

PATIENT INFORMATION

Last _____ First _____ Date of Birth _____
Street _____ City _____ State _____ Zip _____
() _____
Telephone _____

Diagnosis & History: _____

Has this patient had RK surgery? Yes / No If yes, will you be using the ASCRS IOL calculator? Yes / No

OD _____ Normal _____ Hyperope

OS _____ Normal _____ Hyperope

Report Requested for :

Report Requested for :

____ Refractive Surgery Screening

____ Refractive Surgery Screening

____ S/P Refractive Surgery

____ S/P Refractive Surgery

____ IOL Calculations (Holladay reports)

____ IOL Calculations (Holladay reports)

____ Lens Evaluation

____ Lens Evaluation

____ Pachymetric

____ Pachymetric

____ Glaucoma Screening

____ Glaucoma Screening

____ Special Request

____ Special Request

Physician's Signature: _____ Telephone: _____

E-mail address: _____

SDEB to collect payment for Pentacam? YES NO

- Mail results to Physician
- Fax results to Physician
- Patient to hand-carry results
- E-mail results to Physician