



DEDICATED TO RESTORING
SIGHT AROUND THE WORLD

international cornea project

PHYSICIAN REGISTRATION FORM

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REGISTRATION INSTRUCTIONS

- Please complete all the information on pages 1 and 2 of the Physician Registration Form

- Send your Curriculum Vitae

- Fax to (858) 694-0116 or

- Mail to:

International Cornea Project
9444 Balboa Avenue, Suite 100
San Diego, CA 92123 USA

ELECTRONIC COMMUNICATIONS

- Email ICP at icp@sdeb.org

- Request an ICP Physician Registration Kit

- Email the forms and your Curriculum Vitae to icp@sdeb.org

* Permission to photocopy this form is solely granted for the purpose of using the photocopied form to register with the International Cornea Project.

A. PHYSICIAN INFORMATION

NAME (LAST): _____
(FIRST): _____
TITLE: _____
COMPANY: _____
DEPT: _____
ADDRESS: _____
CITY: _____ STATE: _____
ZIP: _____ COUNTRY: _____
TEL: _____ FAX: _____
EMAIL: _____ WEBSITE: _____

B. BILLING INFORMATION

CONTACT: _____
COMPANY: _____
DEPT: _____
ADDRESS: _____
CITY: _____ STATE: _____
ZIP: _____ COUNTRY: _____
TEL: _____ FAX: _____
EMAIL: _____

C. SHIPPING INFORMATION (WHERE OCULAR TISSUE WILL BE SHIPPED)

CONTACT: _____
COMPANY: _____
DEPT: _____
ADDRESS: _____
CITY: _____ STATE: _____
ZIP: _____ COUNTRY: _____
TEL: _____ FAX: _____
NEAREST AIRPORT: _____

INTERNATIONAL CORNEA PROJECT

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D. NEAREST EYE BANK

EYE BANK: _____
ADDRESS: _____
_____ WEBSITE: _____
CITY: _____ STATE: _____ ZIP: _____
COUNTRY: _____ TEL: _____ FAX: _____

E. CLINIC OR HOSPITAL

PLEASE LIST THE CLINIC OR HOSPITAL WHERE YOU PERFORM SURGERY.

CLINIC: _____
ADDRESS: _____
_____ CITY: _____ STATE: _____ ZIP: _____
COUNTRY: _____ TEL: _____ FAX: _____

F. PHYSICIAN SURVEY

1. How many PKP surgeries do you perform monthly? _____ or yearly? _____
2. How many patients do you have on a waiting list? _____
3. Do you have difficulties obtaining ocular tissue from your local eye bank? (Circle) Yes No No local eye bank
4. What is the standard processing fee you pay for corneas from your local eye bank? US \$ _____
5. What is the standard processing fee you pay for corneas for imported US corneas? US \$ _____
6. How many private patients do you serve monthly? _____
7. What is the processing fee your private patients pay for a cornea? US \$ _____
8. How many public patients do you serve monthly? _____
9. What is the processing fee your public patients pay for a cornea? US \$ _____
10. How did you hear about the International Cornea Project?
___ American Academy of Ophthalmology Year: ____
___ American Society of Cataract and Refractive Surgery Year: ____
___ Eye World Advertisement
___ Pan American Association of Ophthalmology
___ Another Physician
___ San Diego Eye Bank Newsletter
___ Other: _____
11. Criteria For Surgical Corneas:
Minimum Cell Count: _____ cells/sq mm
Minimum Age: _____ Maximum Age: _____
12. Additional Comments/Message: _____