

PHYSICIAN REGISTRATION FORM



San Diego Eye Bank Mission Statement

The San Diego Eye Bank is a California non-profit Corporation, dedicated to the preservation of sight through the collection, processing and distribution of human ocular tissue; progress in medicine through the support of research; the maintenance of an eye center for diagnostic evaluation and therapy; and the sponsorship of educational programs for the medical community and general public.

Physician's Name: _____

Company: _____

Address, City, State, Country: _____

Telephone: _____

Fax: _____

Email: _____

Nearest Eye Bank: _____

Nearest Airport: _____

Tissue Needed (please check):

- Corneas for Penetrating Keratoplasty (PKP)
- Corneas for Endothelial Keratoplasty (EK)
- Corneas for Anterior Lamellar Keratoplasty (ALK)
- Whole eyes for surgical use
- Scleras: whole, half, quarter
- Research
 - Whole globes
 - Corneas
 - Posterior poles
 - Conjunctiva
 - Lens
 - Retina
 - Aqueous
 - Vitreous
- Other _____

Surgery Days: Sun Mon Tues Wed Thurs Fri Sat

Please send this form via email, fax or mail to:

San Diego Eye Bank
9246 Lightwave Ave. Suite 120
San Diego, CA 92123
Tel: (858) 694-0400
Fax: (858) 694-0116

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Email: customcut@sdeb.org



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