

# 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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Tel: (858) 694-0400  
Fax: (858) 694-0116  
Email: [customcut@sdeb.org](mailto:customcut@sdeb.org)



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