|  |  |
| --- | --- |
| C:\Users\yumang\AppData\Local\Temp\1\Temp1_RGB-screen.zip\RGB (screen)\JPG\CEI-1CBLACK-POS.jpg**Oregon Health & Science University** **Casey Eye Institute – Ultrasound Service****Biometry Request** Please fax to number below*P: 503-494-6795 F: 503-494-5188*  Page 1 of 1  | NAME Click or tap here to enter text.BIRTHDATE Click or tap here to enter text.*Patient Identification* |
| **Biometry:** Choose an item.**Lens Status:**

|  |  |
| --- | --- |
| OD- Choose an item.  | OS- Choose an item. |

**Vitreous Status:**

|  |  |
| --- | --- |
| OD- Choose an item.  | OS- Choose an item. |

**Refractive Surgery:**

|  |  |
| --- | --- |
| OD- Choose an item.  | OS- Choose an item. |

**Refractive Target:**

|  |  |
| --- | --- |
| OD- Click or tap here to enter text.  | OS- Click or tap here to enter text. |

**Formula:** Choose an item.**Lens** (manufacturer, model)**:** Click or tap here to enter text.**COMMENTS:** Click or tap here to enter text. |

\*If IOL master is unable to measure axial length, immersion A-scan will be performed.

\*Not all lenses are available

\*Recalculations must be done by referring physician