



# PRECIZON™

## TORIC IOL

**Lens power calculation request form for  
Precizon™ Toric lenses**

**E-mail: [calculations@ophtec.com](mailto:calculations@ophtec.com)  
Fax number: 0031-50-5274996**

**Surgeon:** .....

**E-mail/fax:** .....

**Patient ID :** .....

<b>Please complete:</b>	<b>Right (OD)</b>	<b>Left (OS)</b>
<b>K-values and axes</b>		
Flat k-value	..... @ axis .....°	..... @ axis .....°
Steep k-value	..... @ axis .....°	..... @ axis .....°
<b>Calculated SE Power for emmetropia</b> (not rounded, in 2 decimals; e.g. 23.58 D)	..... D	..... D
<b>Surgically induced astigmatism</b>	..... D	..... D
<b>Incision location</b>	..... °	..... °
<b>Postoperative target</b> (will be accounted for in the advice)	..... D	..... D
<b>PLEASE RETURN THIS FORM TOGETHER WITH THE ANONYMIZED BIOMETRY / TOPOGRAPHY PRINTOUT</b>		
<b>Remarks:</b> ..... ..... ..... .....		
<b>Date:</b> .....		