



WIOL-CF - Patient Data

Patient name: Patient ID No.: Type of Surgery Cataract: Prelex: Presbyopic: Patient gender: Male Female Age:

Biometry	Right Eye	Left Eye	Ultrasound or Opt. Biometry (U/O):	<input type="text"/>
Axial length:	<input type="text"/> mm	<input type="text"/> mm	Right Eye pre op. astigm:	<input type="text"/> D
K1:	<input type="text"/> D	<input type="text"/> D	Left Eye pre op. astigm:	<input type="text"/> D
K2:	<input type="text"/> D	<input type="text"/> D	Dominant Eye:	<input type="text"/> R/L
ACD:	<input type="text"/> mm	<input type="text"/> mm		

Checking of below listed pre-operative clinical conditons of the patient helps select the patients who will most benefit from WIOL-CF. If there is answer YES in red-coloured cells, that signals strong contraindication for implantation of WIOL-CF.

Medical History Check

	YES	NO
Age of patient is not between 50-75 years, age related cataract	<input type="checkbox"/>	<input type="checkbox"/>
Optical biometry possible (no Grade II of catrarak limitation)	<input type="checkbox"/>	<input type="checkbox"/>
Corneal astigmatism higher than 1 diopters	<input type="checkbox"/>	<input type="checkbox"/>
Time between surgeries more than 2 weeks	<input type="checkbox"/>	<input type="checkbox"/>
Planned monocular WIOL-CF implantation	<input type="checkbox"/>	<input type="checkbox"/>
Pre-operative existing ocular history including clinically relevant:	YES	NO
Corneal endothelial disease (e.g., Fuchs' endothelial dystrophy)	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal cornea	<input type="checkbox"/>	<input type="checkbox"/>
Macular degeneration	<input type="checkbox"/>	<input type="checkbox"/>
Retinal degeneration (diabetic retinopathy, myopic or other retinal degeneration)	<input type="checkbox"/>	<input type="checkbox"/>
Significant detached Descemet's membrane (Retinal detachment)	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma or increased intraocular pressure (IOP)	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma angulo stricto	<input type="checkbox"/>	<input type="checkbox"/>
Amblyopia	<input type="checkbox"/>	<input type="checkbox"/>
Aniridia	<input type="checkbox"/>	<input type="checkbox"/>
Corneal endothelial touch	<input type="checkbox"/>	<input type="checkbox"/>
Significant anterior chamber bleeding	<input type="checkbox"/>	<input type="checkbox"/>
Damaged zonules (zonular rupture, evident zonular weaknes or dehiscence)	<input type="checkbox"/>	<input type="checkbox"/>
Post-infectious or post-traumatic opacity of eye optical media	<input type="checkbox"/>	<input type="checkbox"/>
Optical nerve atrophy	<input type="checkbox"/>	<input type="checkbox"/>
Iris incarceration or damage	<input type="checkbox"/>	<input type="checkbox"/>
Diseases of the vitreous body (Vitreous loss)	<input type="checkbox"/>	<input type="checkbox"/>
Inability to place the lens in the designated position	<input type="checkbox"/>	<input type="checkbox"/>
Previous corneal refractive surgery	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent inflammation of unknown etiology (or any disease producing an inflammatory eye reaction (e.g., iritis or uveitis)	<input type="checkbox"/>	<input type="checkbox"/>
Specific personality of patient - eg. obsessive-compulsive or similar	<input type="checkbox"/>	<input type="checkbox"/>
Patient was informed and is aware (about the expected outcomes in terms of visual acuity and this is in line with his expectations and needs)	<input type="checkbox"/>	
Patient was informed and is aware (about the possible side effects)	<input type="checkbox"/>	