ROCKY MOUNTAIN LIONS EYE BANK
Share the circle of light

Surgeon Information Form

Please use this form to register with the
Rocky Mountain Lions Eye Bank
to request transplant and/or research tissue.

Surgeon and Practice Information

Surgeon Name		☐MD ☐DO ☐PhD ☐other
Name of Practice/Group		
Practice Address		
City	State	Zip
Main Phone Number:	Fax Number:	Surgeon Mobile Number:
Surgeon Email Address:		Surgery Scheduler Email Address:

Tissue Offers and Preferences

All transplant tissue provided by the Rocky Mountain Lions Eye Bank meets or exceeds the medical standards of the Eye Bank Association of America and Food and Drug Administration regulations. Each cornea is given expert slit-lamp evaluations, and the minimum endothelial cell count of transplantable corneal tissue is ≥ 2,000 cells/mm^2. If you have particular tissue preferences, please list them here.

Once potential tissue is identified for your patient, how would you like us to offer the tissue to you? (check all that apply):

☐ Fax ☐ Call main number ☐ Call mobile ☐ Email

Make tissue offers to: ☐ Surgeon ☐ Surgery Scheduler ☐ Assistant Name (if not surgeon):

If there is a fax, phone, or email you'd like us to use that is NOT listed in the section above, please list it here:

Surgeon Portal Access

Through the portal, you can securely request tissue online. You can also manage users within your office.

Surgeon/Practice Portal Administrator First Name Last Name

Email Phone Title

Surgery Centers

Please list each facility where you will perform surgeries in order to ensure accurate billing and distribution of the tissue.

Facility Name	City, State
Facility Name	City, State
Facility Name	City, State
Facility Name	City, State

Please return completed form to info@corneas.org or fax to 720-848-3938