CALCULATOR FORM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Doctor Name** |   |   |   |   |   |
| **Patient Name** |   | **Patient ID** |   |   | **n: 1,3375** |
|   |   |   |   |   |   |
|   |   | **RIGHT EYE** | **LEFT EYE** |
| **Ophthalmic diagnoses** |   |   |
|
| **Cataract Density (+/++/+++)** |   |   |
|
| **Estimated area of geographic atrophy at greatest extent** |   |   |
|
| **Refraction Subjective (Sphere/cyl./axis)** |   |   |
|
| **Visual Acuity (CDVA )** |   |   |
| **Visual Acuity (CNVA )** |   |   |
| **Biometry Device (IOLmaster/ Lenstar…)** |   |   |
|
| **Axial length (AL) (mm)** |   |   |
| **Measured K1 (D)**  |   |   |
| **Axis K1 (D)** |   |   |
| **Measured K2 (D)**  |   |   |
| **Axis K2 (D)**  |   |   |
| **Optical ACD (mm)** |   |   |
| **Lens Thickness (LT)** |   |   |
| **Central Cornea Thickness (CCT)** |   |   |
| **White to White (WTW)** |   |   |
| **Target Refraction (D)** |   |   |

To handle it, contacts: lluis.sola@outlook.es