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](mailto:lluis.sola@outlook.es)