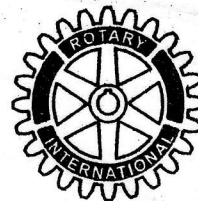




# Rotary Eye Bank

A Project of Rotary Club of Borivli



## REGISTRATION FORM

Name of the Surgeon :

Telephone No. :

Name of the Patient :

Age :

Telephone No. :

Address :

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Whether the Patient has registered with any other Eye Bank if Yes Please mention the name :

Vision & Diagnosis :

RE (OD) :

LE (OD) :

surgery will be performed at :

Require

1. Whole eye
2. M K Stored Cornea
3. Sclera
4. Any Other Specification

Signature & Address of the Surgeon :

**Rotary Club of Borivli Charitable Trust Eye Bank**

E-3, Dwarkesh Apartment, L.T. Road, Borivli (W), Mumbai 400 092.

Tel.: 2899 0707 (M) 9821601919/ 9821701919/9821801919

Website : [www.rotaryeyebank.com](http://www.rotaryeyebank.com), Email: [admin@rotaryeyebank.com](mailto:admin@rotaryeyebank.com)