



RECIPIENT INFORMATION

(All information Confidential)

(Transplant Surgeon – Please return to eye bank)

Cornea # _____

Name: _____ Sex: _____ Age: _____

Address: _____

Recipient Occupation: _____

Date of Transplant: ____ / ____ / ____ Surgeon: _____

Hospital where transplant was performed: _____

Primary Diagnosis: _____

Final Diagnosis: _____

Eye Grafted: O.D. O.S. Previous Keratoplasties(include dates) : _____

Comments on Donor Tissue: _____

Completed by: _____ Date: ____ / ____ / ____

Please return to THAI RED CROSS SOCIETY EYE BANK

1871, 7 Th Floor, Terd Prakit Building

Henry Durant Road

Pathumwan, Bangkok 10330