

Patient Name: _____

Surgery Date: _____

Eye: Left Right

Surgeon: _____

Hospital / Clinic: _____

SAV-IOL SA

Route des Falaises 74

2000 Neuchâtel

SWITZERLAND

P +41 32 566 54 00

sav-iol.com

PKG 01016 V01

Place implant
identification label here

PATIENT CARD



SWISS ADVANCED VISION

INTRAOCULAR LENS