

# SURGEON PROFILE

# KeraLink International

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## PROFILE INFORMATION

SURGEON NAME \_\_\_\_\_  
PRACTICE NAME \_\_\_\_\_  
OFFICE ADDRESS \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## CONTACT INFORMATION

PRIMARY CONTACT (who will request tissue and receive tissue offers)  
Name \_\_\_\_\_  
E-mail \_\_\_\_\_ Fax \_\_\_\_\_  
Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
SURGEON CONTACT INFORMATION (if different than above)  
E-mail \_\_\_\_\_ Cell \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

SURGEON ACCEPTS CALLS AFTER HOURS? Yes No | SURGEON ACCEPTS CALLS ON WEEKENDS? Yes No

## TISSUE OFFER PREFERENCES

MAXIMUM DEATH TO PRESERVATION TIME (IN HOURS): \_\_\_\_\_  
MAXIMUM DEATH TO SURGERY TIME (IN DAYS): \_\_\_\_\_  
EXCLUSIONARY CRITERIA (IF ANY): \_\_\_\_\_

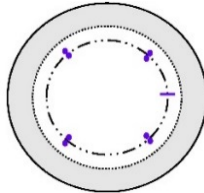
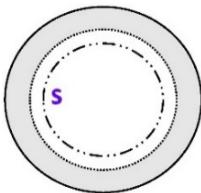
	PKP	DSAEK/DSEK	DMEK
MINIMUM CELL COUNT			
MINIMUM DONOR AGE			
MAXIMUM DONOR AGE			

## TISSUE PROCESSING PREFERENCES (If Applicable)

### DSAEK

Target Thickness/Range (µm)\*: \_\_\_\_\_  
Graft Extension Preferred? Yes No

Markings:  
None Both "S" Stamp & KeraLink Markings  
"S" Stamp (Anterior View) KeraLink Standard Markings

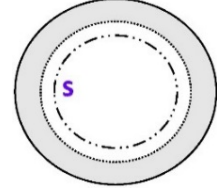
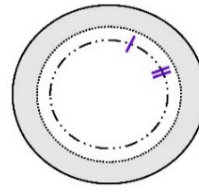


\*Processing capabilities are ± 30 µm of requested target or mid-point of requested range

### DMEK

Graft size (in mm): 7.00 7.25 7.50  
7.75 8.00 8.25  
8.50

Markings:  
None Both I-II Markings & "S" Stamp  
I-II (Anterior View) "S" Stamp (Anterior View)



Additional DMEK Options:  
Include DescePro Infusion Sleeve  
Pre-Loaded in EndoGlide™

Please complete and return to [tissue@keralink.org](mailto:tissue@keralink.org).