

# The Ocular Surface Research & Education Foundation

7000 SW 97<sup>th</sup> Avenue, Suite 212, Miami, FL 33173, Phone/ Fax: (305) 412-5509

## Education Material Request Form

Please complete the following to receive our complimentary instructional materials and services.

**Check the items you wish to receive and fax to (305) 412-5509.**

### Surgical DVD's:

(Note: Material from Vol 1-6 & 8 is incorporated in the Volumes below)

DVD Volume 7: Temporary Amniotic Membrane Transplantation using AMNIOGRAFT® & PROKERA™

DVD Volume 9: Amniotic Membrane Transplantation for Conjunctivochalasis

DVD Volume 10: Amniotic Membrane Transplantation for Pterygium & Pinguecula

DVD Volume 11: Amniotic Membrane Transplantation for Scleral Ischemia & Melt

### Printed Clinical Instruction:

Cryopreserved Amnion Grafts for Pterygium & Pinguecula Surgery

Sutureless Cryopreserved Amnion Grafts: ProKera

Cryopreserved Amnion Grafts for Leaking Blebs

Cryopreserved Amnion Grafts for Conjunctivochalasis

Cryopreserved Amnion Grafts for Scleral Ischemia & Melt

Cryopreserved Amnion Grafts for Symblepharon & Fornix Reconstruction

**Literature References for the use of Amniotic Membrane for ocular surface reconstruction**

Literature Summary: Innovations in Glaucoma Surgery using Cryopreserved Amniotic Membrane

**I would like a consultation with Dr. Tseng regarding:**

\_\_\_\_\_

\_\_\_\_\_

### Material Shipping Information:

Physician Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

### Physician Acknowledgement:

I request the education materials selected above be mailed to the address provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE COMPLETE AND FAX TO (305) 412-5509**

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