

Patient Name

Date

CLINICAL INDICATIONS

Amniotic membrane placement may be indicated in the treatment of ocular surface disease when medical management fails, is not tolerated, or is contraindicated.

DIAGNOSIS CODE**OCULAR SURFACE RECONSTRUCTION FOR THE FOLLOWING EYE DISEASES OR INJURIES**

- Anterior basement membrane dystrophy
- Band-shaped keratopathy
- Blepharitis
- Chemical burn / thermal burn
- Chronic conjunctivitis
- Conjunctivochalasis
- Corneal abrasion
- Corneal edema
- Corneal ulcer
- Disruption of surgical wound
- Entropion
- Herpes zoster / herpes simplex
- Keratoconjunctivitis
- Keratoconus
- Peripheral degeneration
- Pterygium
- Recurrent corneal erosion
- Stevens-Johnson Syndrome

ALLOGRAFT ID NUMBER

Right Eye

STICKER

Left Eye

STICKER

TECHNIQUE

The patient was brought into the examination room and placed in an upright position in the exam chair. The eye was examined microscopically. One drop of proparacaine 0.5% ophthalmic solution was placed onto the surface of both eyes to help control the blink reflex. The patient was reclined into a supine position and a lid speculum was placed to hold the eyelid open. A speared sponge was used to dry the ocular surface and remove any loose corneal epithelium. A dehydrated, extracellular membrane allograft was removed from its sterile packaging with forceps and placed with the stromal side directly onto the ocular surface. The membrane adhered to the ocular surface and quickly rehydrated. The edges of the membrane were gently tapped down with forceps to remove wrinkles or bubbles. A soft bandage contact lens was applied over the amniotic membrane and the lid speculum was removed. The patient was returned to an upright position and one drop of antibiotic solution was placed on the ocular surface.

DISCHARGE

- The patient tolerated the procedure well and was discharged in good condition
- Instructions were given to call the office if there was any pain or discomfort after the procedure

Doctor's Signature _____