EF 9.5

CORNEAL ALLOGRAFT RESPONSE REPORT

Ethnicity White Black Hispanic Asian Other | Age | Sex M F

CONDITION BEING TREATED WITH AMNIOTIC MEMBRANE THERAPY

- ☐ 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
- ☐ Dry eye syndrome
- ☐ Entropion
- ☐ Herpes zoster / herpes simplex
- ☐ Hyperlacrimation
- ☐ Keratoconjunctivitis
- ☐ Keratoconus
- ☐ Peripheral degeneration
- ☐ Pterygium
- ☐ Recurrent corneal erosion
- ☐ Stevens-Johnson Syndrome

ICD-10 Code _____

ALLOGRAFT ID NUMBER

Right Eye

STICKER

Left Eye

STICKER

Date of placement procedure _____

Date of allograft response _____

Surgical events, including but not limited to:

- ☐ Surgery performed on a wrong body part inconsistent with the documented informed consent
- ☐ Surgery performed on the wrong patient
- ☐ Wrong surgical procedure performed on a patient
- ☐ Retention of foreign object in a patient after surgery or other procedure
- ☐ Discontinuation of therapy session prior to demonstrable improvement

Product or device events, including but not limited to:

- ☐ A patient death or serious disability associated with the use of a contaminated drug, device, or biologic provided by the office
- ☐ A patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended

Care management events, including but not limited to:

- ☐ A Type II allergic reaction that involves the interaction of immunoglobulins with foreign substances or autoantigens closely associated with cell membranes and/or proteins, no loss of vision or serious visual disability after treatment
- ☐ A Type IV hypersensitivity reaction mediated by the adaptive immune system, no loss of vision or serious visual disability after treatment
- ☐ A loss of vision or serious visual disability associated with a cytotoxic hypersensitivity reaction and subsequent stromal cell lysis
- ☐ A loss of vision or serious disability by infectous means secondary to overnight wear of the amniotic membrane allograft and/or the retaining contact lens

Doctor's Signature _____

POSTOPERATIVE MEDS

- ☐ None
- ☐ Artificial tears
- ☐ Unpreserved artificial tears
- ☐ Antibiotic eyedrops
- ☐ Steroid eyedrops
- ☐ Steroid/antibiotic combination
- ☐ NSAID eyedrops

RISK FACTORS FOR ALLOGRAFT RESPONSE

- ☐ History of previous rejections
- ☐ Erosion of corneal privilege in diseased corneas in which inflammation has occurred
- ☐ Enhanced sensitization in diseased corneas secondary to chronic inflammation from ongoing ocular surface disease
- ☐ Diabetes and other inflammatory diseases
- ☐ Healing from previous surgeries or trauma
- ☐ Deep neovascularization of the recipient cornea
- ☐ Severe atopic dermatitis
- ☐ Limbal stem cell deficiency

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