



OPERATION SIGHT INTAKE FORM

The ASCRS Foundation's Operation Sight Charitable Cataract Surgery Program

Program Name: _____

Program Address: _____

Contact Name: _____

Contact Title: _____ Phone: _____

Contact Email: _____

The ASCRS Foundation's Operation Sight Program currently provides a \$250 stipend for each case to help offset the cost of performing charitable cataract surgery. Please provide the following information on patients served. Cases must be performed in the United States and are limited to cataract surgery.

Eye(s) Operated on (Left/ Right/ Both)	Date of Surgery (Surgeries)	Patient Gender (F or M)	Patient City of Residence	Patient Initials (First and Last Name)	Volunteer Surgeon Name (First, Last, Degree)	Volunteer Surgeon Email

Please return the completed form by email to jminhas@ascrs.org. An IRS W-9 and completed ACH Form will be required before payment can be issued.