



## **Rocky Mountain Lions Eye Bank** **Verification of Surgical Treatment**

**for grant to Sponsoring Lions Club for payment for services**

The Rocky Mountain Lions Eye Bank Eye Surgery Grant requires verification of surgical treatment before funds from the Eye Surgery Grant can be paid.

**Once surgery has occurred, please send completed form to:**

Rocky Mountain Lions Eye Bank  
Attn: Lion Betsy Bohanna  
1675 Aurora Court, MSC F-751  
Aurora, CO 80045

Or fax to: 720-848-3938

**If you have any questions, please email [info@corneas.org](mailto:info@corneas.org).**

Patient's Name: \_\_\_\_\_

Surgeon's Name: \_\_\_\_\_

Surgeon's Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person Name and phone: \_\_\_\_\_

Date of Surgery: #1 \_\_\_\_\_

Date of Surgery: #2 \_\_\_\_\_

Cost of Treatment: \_\_\_\_\_

(Total expenses including surgeon, surgery center, and anesthesiologist.)

Surgeon's Signature: \_\_\_\_\_

Date Sent: \_\_\_\_\_