Cornea Transplant Patient

Acknowledgement Document

LIONS WORLD VISION INSTITUTE™

Honoring the Gift of Sight

Your corneal transplant is made possible through the extraordinary generosity of an eye donor and their family.

An eye donor is someone who chose to give the gift of sight after their passing so another person could experience restored sight. This remarkable gift is often made during one of life's most difficult moments, as a family grieves the loss of a loved one. In the midst of their sorrow, they made the selfless decision to help someone they will likely never meet.

Your donor cornea is far more than tissue prepared for surgery—it represents a life, a family's compassion, and a lasting legacy of hope.

Your Commitment

Because your donor cornea is prepared specifically for your surgery and has a limited preservation window, your commitment is essential to honoring this precious Gift of Sight.

Please honor your donor's gift by agreeing to:

☐ Follow all pre-operative instructions provided by your surgeon and their team.

☐ Notify our office immediately if you become ill or are unable to keep your scheduled surgery.

☐ Arrive on time for your procedure and confirm reliable transportation.

☐ Understand that failure to follow these instructions may result in a cancellation fee.

By following these instructions and communicating with us as early as possible if your plans change, you give us the greatest opportunity to ensure this precious gift can restore vision as intended by the donor and family.

Surgery Center Cancellation Policy

Your donor cornea is specially prepared for your surgery before your procedure. Once the tissue has been processed and delivered, significant resources have already been devoted to your care.

Patient Commitment and Acknowledgement of Donor Gift

I acknowledge that I have received this information, I understand my responsibilities before surgery, and I have reviewed my surgery center's cancellation policy. I understand that my commitment helps honor my donor's generous Gift of Sight.

Patient Name:

Signature: Date:

Surgical Coordinator: Date:

Surgery coordinator - please return this form to cornea@lwvi.org once corneal tissue is accepted by the surgeon.