

Carry this part of your card with you

Call - 9930711919 (24 hours) for Eye Donation

Issued in Public Interest by
SHROFF EYE BANK



Organization accredited by
Joint Commission International

Shroff eye

Cataract • Retina • LASIK

Open your eyes...

...to a whole new world

Shroff Eye Hospital • Vision Research Centre

222 S. V. Road, old Bandra Talkies, Bandra (West), Mumbai 400 050. India

Tel: (+91-22) 6692 1000

Shroff Eye Clinic

Gobind Mahal, 86-B, N. Subhash Road, Marine Drive, Mumbai 400 002. India

Tel: (+91-22) 2281 4077

EYE DONOR CARD

I hereby give my consent to donate my eyes after my death for the purpose of Transplantation or Medical Education or Research.

Donor Name: _____

Date of Birth: (dd/mm/yyyy) _____

Sex: M/F _____

Address: _____

Tel. No.: _____

Date: _____

Donor Signature: _____

Witness: _____

Witness: _____

Pledge your eyes on www.shroffeye.org

In the event of death:

1. Keep death certificate ready
2. Call 9930711919 as soon as possible
3. Switch off fan. If possible, switch on the AC
4. Close the eyelids
5. Put two pillows beneath the donor's head

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This part of the card to be handed over to your nearest relative

I have pledged to donate my eyes after my death for the purpose of Transplantation or Medical Education or Research. Kindly respect my wishes.

Donor Name: _____

Date: _____

Donor Signature: _____

Witness: _____

Witness: _____

***Don't just leave a will.... Leave a vision
Pledge your eyes on www.shroffeye.org***