



Optometry Department

OPTO 433 Contact Lens Clinics (2)

Clinical Logbook

tudent Name:
udent No.:
emester Year/

Course description (OPTO 433, Contact lens clinics 2)

In this clinical course, the student is required to continue to examine (and fill in case reports for) a minimum of ten routine patients (five each for regular soft and regular hard lenses) a week during the semester in the internal and external contact lens (CL) clinics run and/or supervised by the optometry department. The student is expected to attain proficiency in fitting, evaluation and follow-up patients who require soft or hard CLs.

It is important for student to revise and apply all previous knowledge and techniques that he/she has taken in in contact lens courses as well as the relevant courses and be ready for any CL related subject and/or technique.

N.B. Please note that the student must obtain a signature from the clinical supervisor/ assessor at the end of each clinical session as shown in this logbook.

Successful Clinical Criteria:

The following criteria/ skills are expected to be demonstrated by the student:

- A. Provide a clear explanation to the patient about the purpose and nature of the CL fitting/ investigations that are being carried out.
- B. Ability to use slit lamp to assess anterior and posterior eye structure and provide a written record of the structures examined in a clear and logical manner.
- C. Ability to insert and remove all types of soft and hard (RGP) contact lebnses.
- D. Ability to assess contact lens fitting by using a various clinical techniques. Also, ability to record the findings in a clear and logical manner.

In case of CL aftercare appointment, the student should be able to run all necessary aftercare assessments which may include:

- Taking a contact lens wear history in a structured and logical manner.
- Assessing the response of the eye to contact lens wear.
- Conducting a thorough slit-lamp examination with and without fluorescein.
- Running a lid eversion in a professional way.
- Carrying out keratometry and/or corneal topography.
- Demonstrating a suitable hygiene practices.

It is assumed that the student has a good anatomical knowledge of the following eye tissues: eye lids, bulbar conjunctiva, palpebral conjunctiva, sclera, blood vessel injection, cornea, corneal staining, anterior chamber, iris and pupil.

Attendance

Attendance at all practical/clinical sessions for which the student is timetabled is compulsory. Punctuality is essential for the smooth running of all sessions. Arriving late or not being ready to see a patient will be counted as non-attendance. If you are unable to attend a clinic, the clinic supervisor must be informed without delay. Also, if you do not attend a clinic you will need to submit a reason with supporting evidence.

Behaviour

The student will be conducting various aspects of contact lens fitting and evaluation on patient, therefore, proper care and attention must be given to him/her at all times. This requires that students act in a professional manner, not only when conducting an examination, but at any time during the clinical sessions.

Professional conduct includes, but is not limited to:

- Respect of other people.
- 2. Good manners.
- 3. Respect of clinic and hospital utilities.

You should remember also that all information regarding a patient is confidential and the patient's sheet or file is a confidential document which must not for any reason, be removed from the clinic or discussed outside the clinic.

Mobile phones

As a courtesy to patients, students may not make or take phone calls in clinics and mobile phones should be switched off or turned on silent mode.

Name badges

Name badges must be worn in all clinics.

Professional dress code

The student who wears inappropriate dress will be asked to leave the clinics. Students are expected to display a mature professional appearance, and to observe professional guidelines for cleanliness, appropriate hair style and dress (including clean and polished shoes). Moreover, when examining patients, student should be well turned-out with a high standard of personal hygiene. Fingernails should be kept clean and short. Hands should be washed before and after examining each patient.

Hospital Rotations

The student must take a look at the clinic rota and work out the dates and times he/she is expected to attend the hospital rotations. Please note that the student should always have student ID card, pen and clinic logbook in all rotations.

In hospital, the student should take notes about each case he/she sees. Notes may include patient's details such as age, gender, ocular condition, systemic condition, visual acuities,

refractive error, ocular diseases and treatment and contact lens related history. Student should not make a note of the patient's full name. At the end of the hospital session, student should ask the optometrist to complete and sign the visit evaluation form in the logbook. If the student is not happy with the evaluation results, he/she should contact the course leader to sort out the issue. The logbook may be inspected at any time by the course leader.

At the end of the semester, it is preferred for the course leader to have a student's feedback on the whole course. Therefore, each student is encouraged to send his/her feedback via emails or letters to the course leader or to the head of the department.

Supervision

Supervisor will be responsible for more than one student and thus not always immediately available. Supervisors will need to check and sign the student work on the completion of an examination. If, by the end of the visit, follow-up visit is needed, patient may be scheduled with the same student if possible.

Please note that the student is acting the role of optometrist and must exercise the same care and concern for the patient as is expected of graduated optometrist.

Recommended textbooks

- 1. Clinical Manual of contact lenses by E. Bennett 1994.
- 2. Contact lenses by A. Phillips, 2006.
- 3. Dictionary of optometry and visual science. M. Millodot, 2006

Weekly Plan

Week	Topic	Notes		
1	Introduction to OPTO 433			
2	Self-revision of case history for follow-up visit + Practice/clinic	In all practical/ clinical sessions, the student is expected to show proficiency in fitting and managing patients who require soft or hard CLs.		
3	Self-revision of CL fitting evaluation +Practice/clinic			
4	Self-revision of slit-lamp examination of the whole eye + Practice/clinic			
5	Self-revision of detailed slit-lamp examination of the cornea + Practice/clinic			
6	Practice/clinic			
7 Self-revision of detailed slit-lamp examination of the conjunctiva + Practice/clinic				
8	Self-revision of patient education (care system)			
9	Students' presentation on CL fitting cases			
10	Practice/clinic			
11	Practice/clinic			
12	Students' presentation on CL fitting cases			
13	Practice/clinic			
14	Final revision			
15	Final practical & oral exams			

Course Assessment

Task	Grade
Hospital Rotations	20 %
Students' Presentation 1	5 %
Students' Presentation 2	5 %
40 Reports + Clinical Evaluation	30 %
Final Practical & Oral Exams	40 %
Total	100 %

IMPORTANT: At the end of the semester, please submit this Log Book to the course leader for marking.

Part A: To be completed by the assessor optometrist at the end of each visit

Student	Evaluation	
Arriving and leaving on time	Poor - Good - Very good - Excellent	
Communication with staff and patients	Poor - Good - Very good - Excellent	
Clinical knowledge and procedural skills	Poor - Good - Very good - Excellent	
Clinical reasoning/ Problem solving	Poor - Good - Very good - Excellent	
Overall evaluation in %	%	
Comments (if needed)		
Assessor name	Signature: Date:	

Part B: To be completed by the student during or after the visit (after taking notes of all cases seen). **Date of the visit:**/20......

No.	Patient initials/ File No.	Case details	Diagnosis & Plan

Part A: To be completed by the assessor optometrist at the end of each visit

Student	Evaluation	
Arriving and leaving on time	Poor - Good - Very good - Excellent	
Communication with staff and patients	Poor - Good - Very good - Excellent	
Clinical knowledge and procedural skills	Poor - Good - Very good - Excellent	
Clinical reasoning/ Problem solving	Poor - Good - Very good - Excellent	
Overall evaluation in %	%	
Comments (if needed)		
Assessor name	Signature: Date:	

Part B: To be completed by the student during or after the visit (after taking notes of all cases seen). **Date of the visit:/**..../20......

No.	Patient initials/ File No.	Case details	Diagnosis & Plan

Part A: To be completed by the assessor optometrist at the end of each visit

Student	Evaluation
Arriving and leaving on time	Poor - Good - Very good - Excellent
Communication with staff and patients	Poor - Good - Very good - Excellent
Clinical knowledge and procedural skills	Poor - Good - Very good - Excellent
Clinical reasoning/ Problem solving	Poor - Good - Very good - Excellent
Overall evaluation in %	%
Comments (if needed)	
Assessor name	Signature: Date:

Part B: To be completed by the student during or after the visit (after taking notes of all cases seen).

Date of the visit:/20......

No.	Patient initials/ File No.	Case details	Diagnosis & Plan

Part A: To be completed by the assessor optometrist at the end of each visit

Student	Evaluation
Arriving and leaving on time	Poor - Good - Very good - Excellent
Communication with staff and patients	Poor - Good - Very good - Excellent
Clinical knowledge and procedural skills	Poor - Good - Very good - Excellent
Clinical reasoning/ Problem solving	Poor - Good - Very good - Excellent
Overall evaluation in %	%
Comments (if needed)	
Assessor name	Signature: Date:

<u>Part B:</u> To be completed by the student during or after the visit (after taking notes of all cases seen). Date of the visit:/20......

No.	Patient initials/ File No.	Case details	Diagnosis & Plan

Part A: To be completed by the assessor optometrist at the end of each visit

Student	Evaluation	
Arriving and leaving on time	Poor - Good - Very good - Excellent	
Communication with staff and patients	Poor - Good - Very good - Excellent	
Clinical knowledge and procedural skills	Poor - Good - Very good - Excellent	
Clinical reasoning/ Problem solving	Poor - Good - Very good - Excellent	
Overall evaluation in %	%	
Comments (if needed)		
Assessor name	Signature: Date:	

<u>Part B:</u> To be completed by the student during or after the visit (after taking notes of all cases seen). Date of the visit:/20......

No.	Patient initials/ File No.	Case details	Diagnosis & Plan

Part A: To be completed by the assessor optometrist at the end of each visit

Student	Evaluation	
Arriving and leaving on time	Poor - Good - Very good - Excellent	
Communication with staff and patients	Poor - Good - Very good - Excellent	
Clinical knowledge and procedural skills	Poor - Good - Very good - Excellent	
Clinical reasoning/ Problem solving	Poor - Good - Very good - Excellent	
Overall evaluation in %	%	
Comments (if needed)		
Assessor name	Signature: Date:	

Part B: To be completed by the student during or after the visit (after taking notes of all cases seen).

Date of the visit:/20......

No.	Patient initials/ File No.	Case details	Diagnosis & Plan

Part A: To be completed by the assessor optometrist at the end of each visit

Student	Evaluation	
Arriving and leaving on time	Poor - Good - Very good - Excellent	
Communication with staff and patients	Poor - Good - Very good - Excellent	
Clinical knowledge and procedural skills	Poor - Good - Very good - Excellent	
Clinical reasoning/ Problem solving	Poor - Good - Very good - Excellent	
Overall evaluation in %	%	
Comments (if needed)		
Assessor name	Signature: Date:	

Part B: To be completed by the student during or after the visit (after taking notes of all cases seen).

Date of the visit:/20......

No.	Patient initials/ File No.	Case details	Diagnosis & Plan

Part A: To be completed by the assessor optometrist at the end of each visit

Student	Evaluation	
Arriving and leaving on time	Poor - Good - Very good - Excellent	
Communication with staff and patients	Poor - Good - Very good - Excellent	
Clinical knowledge and procedural skills	Poor - Good - Very good - Excellent	
Clinical reasoning/ Problem solving	Poor - Good - Very good - Excellent	
Overall evaluation in %	%	
Comments (if needed)		
Assessor name	Signature: Date:	

Part B: To be completed by the student during or after the visit (after taking notes of all cases seen).

Date of the visit:/20......

No.	Patient initials/ File No.	Case details	Diagnosis & Plan

Part A: To be completed by the assessor optometrist at the end of each visit

Student	Evaluation	
Arriving and leaving on time	Poor - Good - Very good - Excellent	
Communication with staff and patients	Poor - Good - Very good - Excellent	
Clinical knowledge and procedural skills	Poor - Good - Very good - Excellent	
Clinical reasoning/ Problem solving	Poor - Good - Very good - Excellent	
Overall evaluation in %	%	
Comments (if needed)		
Assessor name	Signature: Date:	

Part B: To be completed by the student during or after the visit (after taking notes of all cases seen).

Date of the visit:/20......

No.	Patient initials/ File No.	Case details	Diagnosis & Plan

Part A: To be completed by the assessor optometrist at the end of each visit

Student	Evaluation	
Arriving and leaving on time	Poor - Good - Very good - Excellent	
Communication with staff and patients	Poor - Good - Very good - Excellent	
Clinical knowledge and procedural skills	Poor - Good - Very good - Excellent	
Clinical reasoning/ Problem solving	Poor - Good - Very good - Excellent	
Overall evaluation in %	%	
Comments (if needed)		
Assessor name	Signature: Date:	

Part B: To be completed by the student during or after the visit (after taking notes of all cases seen).

Date of the visit:/20......

No.	Patient initials/ File No.	Case details	Diagnosis & Plan

Part A: To be completed by the assessor optometrist at the end of each visit

Student	Evaluation	
Arriving and leaving on time	Poor - Good - Very good - Excellent	
Communication with staff and patients	Poor - Good - Very good - Excellent	
Clinical knowledge and procedural skills	Poor - Good - Very good - Excellent	
Clinical reasoning/ Problem solving	Poor - Good - Very good - Excellent	
Overall evaluation in %	%	
Comments (if needed)		
Assessor name	Signature: Date:	

Part B: To be completed by the student during or after the visit (after taking notes of all cases seen).

Date of the visit:/20......

No.	Patient initials/ File No.	Case details	Diagnosis & Plan

Part A: To be completed by the assessor optometrist at the end of each visit

Student	Evaluation
Arriving and leaving on time	Poor - Good - Very good - Excellent
Communication with staff and patients	Poor - Good - Very good - Excellent
Clinical knowledge and procedural skills	Poor - Good - Very good - Excellent
Clinical reasoning/ Problem solving	Poor - Good - Very good - Excellent
Overall evaluation in %	%
Comments (if needed)	
Assessor name	Signature: Date:

<u>Part B:</u> To be completed by the student during or after the visit (after taking notes of all cases seen). Date of the visit:/20......

No.	Patient initials/ File No.	Case details	Diagnosis & Plan

Recommended organization of eye examination

Anterior Segment	R	L
(clean, debris, scales, chalazion, ectro (smooth, pink/red, pinguecula, quie (quiet, optically empty, cells, hypopyon) - (white, blue/yellow pa (clear, Arcus senilis, opacities, vess (colour, clear, naevi, pigment loss, irido	ppian) – lic et) – conju – anterior tch) – scl els) – con tomy) – ir	nes – (clean, full, debris, anomalies) Is – (clean, debris, scales, chalazion, ectropian) Inctiva – (smooth, pink/red, pinguecula, quiet) Ichamber – (quiet, optically empty flare, hypopyonera – (white, blue/yellow patch) Inea – (clear, Arcus senilis, opacities, vessels) Is – (colour, clear, nae vi, pigment loss, iridotomy) Ins – (clear, cataract [type])





Date://		
Patient's Name:	File No	o.: Sex:
Ocular History :		
Contact Lens History:		
General History / Medication:		
Unaided Vision (VA)	VA with Pinhole	VA with correction
OD:	OD:	OD:
os: ou:	os:	os:
Previous/Current Rx (Spectacle):	Date:	
OD: OS: Near ADD:	VA : VA : Near VA :	PD (Glasses):
Previous/Current CLs:	NEGI VA.	
OD: Type:BOZi	R (BC): Diameter (D):	Power (D): VA:
OS: Type:BOZF	R (BC): Diameter (D):	Power (D): VA:
	mm @	
Anterior Segment Examination:	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris –	os
Dry eye Test:		

				Contact	Lens Fitting	ı			
<u>Trail 1</u>									
OD: Type:			•••••	BOZR ((BC):	Diameter ([):	Power (D):	
OS: Type:				BOZR ((BC):	Diameter ([)):	Power (D):	
Coverage:									
Centration:						1			
Vertical Lens	Movement			mm		-	_		
Lag with eye	movements	;: .		mm					
Push Up Test	(PUT):	%	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	atterns: OD:								
	OS	:							
Impression:									
Trail 2									
OD: Type:			•••••	BOZR ((BC):	Diameter ([):	Power (D):	
OS: Type:				BOZR (B	C): Di	iameter (D):	:P0	ower (D):	
Coverage:									
Centration:						1			
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []	_	_		
Vertical Lens	Movement			mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	%	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	atterns: OD:								
	OS								
Over-Refracti	on (OR)								
OD:				/A:					
os:			V	'A :					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	ВС	Power	Diam	VA
Impression (I	_								





Date:/			
Patient's Name:	File No	.: Age	: Sex:
Chief Complaint:			
Ocular History :			
Contact Lens History:			
General History / Medication:			
Family History / Medication:			
Unaided Vision (VA)	VA with Pinhole	VA with correction	on
OD:	OD:	OD:	
os: ou:	os:	os:	
Previous/Current Rx (Spectacle):	Date: .		
OD:	VA:	F	PD (Glasses):
OS : Near ADD :	VA : Near VA :		
Previous/Current CLs:			
OD: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
OS: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
Keratometry: OD: mm @	mm @		
OS: mm @	mm @		
HVID OD/OS mm L	id Tension OD/OS: Tight []	Normal [] Loo	se []
Pupil Size OD/OS: Ambient illumination	n mm Low illumination	mm	
Anterior Segment Examination:			
OD	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris -		os
Dry eye Test:			

				Contact	Lens Fitting	L			
<u>Trail 1</u>									
OD: Type:			***************************************	BOZR (BC):	Diameter (F)):	Power (D):.	
OS: Type:				BOZR (I	BC): I	Diameter (E)):	Power (D):.	
Coverage:									
Centration:						1			
Vertical Lens	Movement	: .		mm		_	_		
Lag with eye r	novements	5: .		mm					
Push Up Test	(PUT):	9	6 (0) = very loose	a, 50 = optimu	m, 100 = in	ımobile)		
Flourecein pa	tterns: OD:	:							
	os	:							
Impression:									
Trail 2									
OD: Type:				BOZR (BC):	Diameter ([)):	Power (D):.	
OS: Type:				BOZR (B0	C): Di	ameter (D):	Р	ower (D):	
Coverage:									
Centration:						I			
Central [] S	uperior []	Inferior [] Nasal	[] Tempor	ral []	+	_		
Vertical Lens	Movement	: .		mm					
Lag with eye r	novements	s:		mm					
Push Up Test	(PUT):	9	6 (0) = very loose	e, 50 = optimu	m, 100 = in	ımobile)		
Flourecein pa	tterns: OD:	:							
	OS	:							
Over-Refraction	on (OR)								
OD:				/A:					
os:			v	/A:	т				
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
Impression (D	_								





	<u> </u>		
Date:/			
Patient's Name:	File No.:	Age:	Sex:
Chief Complaint:			
Ocular History :			
Contact Lens History:			
General History / Medication: Family History / Medication:			
Unaided Maior (MA)	VA with Binbala	VA with a sum of in	
Unaided Vision (VA)	VA with Pinhole	VA with correction	
OD:	OD:	OD:	
OS: OU:	OS:	OS:	
Previous/Current Rx (Spectacle):	Date:		
OD: OS:	VA: VA:	PD (Glass	ses):
Near ADD :	Near VA:		
Previous/Current CLs:			
OD: Type:BOZF	R (BC): Diameter (D):	Power (D):	VA:
OS: Type:BOZF	R (BC): Diameter (D):	Power (D):	VA:
Keratometry: OD: mm @	mm @		
OS: mm @	mm @		
HVID OD/OS mm L	id Tension OD/OS: Tight []	Normal [] Loose []	
Pupil Size OD/OS: Ambient illumination	n mm Low illumination	mm	
The same of the sa	2011		
Anterior Segment Examination:			
OD OD OD Total	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris –	os	
Dry eye Test:			

				Contact	Lens Fitting	L			
<u>Trail 1</u>									
OD: Type:			•••••	BOZR (BC):	Diameter (F)):	Power (D):.	
OS: Type:				BOZR (I	BC): I	Diameter (E)):	Power (D):.	
Coverage:									
Centration:						1			
Vertical Lens	Movement	: .		mm		_	_		
Lag with eye r	novements	5: .		mm					
Push Up Test	(PUT):	9	6 (0) = very loose	a, 50 = optimu	m, 100 = in	ımobile)		
Flourecein pa	tterns: OD:	:							
	os	:							
Impression:									
Trail 2									
OD: Type:				BOZR (BC):	Diameter ([)):	Power (D):.	
OS: Type:				BOZR (B0	C): Di	ameter (D):	Р	ower (D):	
Coverage:									
Centration:						I			
Central [] S	uperior []	Inferior [] Nasal	[] Tempor	ral []	+	_		
Vertical Lens	Movement	: .		mm					
Lag with eye r	novements	s:		mm					
Push Up Test	(PUT):	9	6 (0) = very loose	e, 50 = optimu	m, 100 = in	ımobile)		
Flourecein pa	tterns: OD:	:							
	OS	:							
Over-Refraction	on (OR)								
OD:				/A:					
os:			v	/A:	т				
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
Impression (D	_								





Date:/			
Patient's Name:	File No	.: Age	: Sex:
Chief Complaint:			
Ocular History :			
Contact Lens History:			
General History / Medication:			
Family History / Medication:			
Unaided Vision (VA)	VA with Pinhole	VA with correction	on
OD:	OD:	OD:	
os: ou:	os:	os:	
Previous/Current Rx (Spectacle):	Date: .		
OD:	VA:	F	PD (Glasses):
OS : Near ADD :	VA : Near VA :		
Previous/Current CLs:			
OD: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
OS: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
Keratometry: OD: mm @	mm @		
OS: mm @	mm @		
HVID OD/OS mm L	id Tension OD/OS: Tight []	Normal [] Loo	se []
Pupil Size OD/OS: Ambient illumination	n mm Low illumination	mm	
Anterior Segment Examination:			
OD	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris -		os
Dry eye Test:			

				Contact	Lens Fitting	ı			
<u>Trail 1</u>									
OD: Type:			•••••	BOZR ((BC):	Diameter ([):	Power (D):	
OS: Type:				BOZR ((BC):	Diameter (D)):	Power (D):	
Coverage:									
Centration:						1			
Vertical Lens	Movement			mm		-	_		
Lag with eye	movements	;: .		mm					
Push Up Test	(PUT):	%	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	atterns: OD:								
	OS	:							
Impression:									
Trail 2									
OD: Type:			•••••	BOZR ((BC):	Diameter ([):	Power (D):	
OS: Type:				BOZR (B	C): Di	iameter (D):	:P0	ower (D):	
Coverage:									
Centration:						1			
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []	_	_		
Vertical Lens	Movement			mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	%	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	atterns: OD:								
	OS								
Over-Refracti	on (OR)								
OD:				/A:					
os:			V	'A :					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	ВС	Power	Diam	VA
Impression (I	_								





optometry come & come	Optometry chine	c Contact Lens	riccing rorm	Dept. of Optometry and Vision Sciences			
Date://							
Patient's Name:		File No.:	Age:	Sex:			
Ocular History :							
Contact Lens Histor	ry:						
General History / M	edication: dication:						
Unaided Vision (VA	A) VA with Pir	nhole	VA with correction				
OD:	OD:		OD:				
os:	OU: OS:		os:				
Previous/Current R	x (Spectacle):	Date:					
OD:		VA:	PD (G	ilasses) :			
os:		VA:					
Near ADD :		Near VA:					
Previous/Current	CLs:						
OD: Type:	BOZR (BC):	Diameter (D):	Power (D):	VA:			
OS: Type:	BOZR (BC):	Diameter (D):	Power (D):	VA:			
Keratometry: OD:							
Anterior Segment E	Examination:		os				
		- Lids/Lashes - - Cornea - - Conjunctiva - Anterior chamber - - Iris –					
Dry eye Test:							

				Contact	Lens Fitting	ı			
Trail 1									
OD: Type: BOZR (BC): Diameter (D):Power (D):									
OS: Type:				BOZR (BC):	Diameter ([)):	Power (D):	
Coverage:									
Centration:						ı			
Vertical Lens	Movement	: .		mm		+	_		
Lag with eye	movements	: .		mm					
Push Up Test	(PUT):	9	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	OS	:							
Impression:									
Trail 2									
OD: Type:				BOZR (BC):	Diameter ():	Power (D):	
OS: Type:				BOZR (B	C): Di	iameter (D):	:P(ower (D):	
Coverage:									
Centration:						ı			
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []	+	_		
Vertical Lens	Movement	: .		mm					
Lag with eye	movements			mm					
Push Up Test	(PUT):	9	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	OS								
Over-Refracti	on (OR)								
OD:				/A:					
os:			V	/A:					
Final Rx OD OS									
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
Impression (I	_								





				aspen optimizely and visite strength
Date:/				
Patient's Name:	File	No.:	Age:	Sex:
Chief Complaint:				
Ocular History :				
Contact Lens History:				
General History / Medication: Family History / Medication:				
Unaided Vision (VA)	VA with Pinhole	VA with corr	rection	
OD:	OD:	OD:		
OS: OU:	os:	os:		
Previous/Current Rx (Spectacle):	Da	te:		
OD:	VA:		PD (Glasses	s):
OS : Near ADD :	VA : Near VA :			
Previous/Current CLs:				
OD: Type:BOZE	R (BC): Diameter (D):	Power (D):	v	A:
OS: Type:BOZF	R (BC): Diameter (D):	Power (D):	V	A:
Keratometry: OD: mm @	mm @			
OS: mm @	mm @			
HVID OD/OS mm L	id Tension OD/OS: Tight	[] Normal[]	Loose []	
Pupil Size OD/OS: Ambient illumination	n mm Low illumina	tion mm		
Anterior Segment Examination:				
OD	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamb - Iris –	. (os	1
Dry eye Test:				

				Contact	Lens Fitting	L			
<u>Trail 1</u>									
OD: Type: BOZR (BC): Diameter (D):									
OS: Type:				BOZR (I	BC): [Diameter (D)):	Power (D):.	
Coverage:									
Centration:						1			
Vertical Lens	Movement	: .		mm		+	_		
Lag with eye r	novements	s:		mm					
Push Up Test	(PUT):	9	6 (0) = very loose), 50 = optimu	m, 100 = in	ımobile)		
Flourecein pa	tterns: OD:	·							
	os	:							
Impression:									
Trail 2									
OD: Type:				BOZR (BC): I	Diameter ([)):	Power (D):.	
OS: Type:				BOZR (B0	C): Di	ameter (D):	Pr	ower (D):	
Coverage:									
Centration:						I			
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []	+			
Vertical Lens	Movement	: .		mm					
Lag with eye r	novements	s: .		mm					
Push Up Test	(PUT):	9	6 (0	= very loose	e, 50 = optimu	m, 100 = in	ımobile)		
Flourecein pa	tterns: OD:	<u></u>							
	os								
Over-Refraction	on (OR)								
OD:				/A:					
os:			V	/A:	·				
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	ВС	Power	Diam	VA
Impression (D	_								





Date://		
Patient's Name:	File No	o.: Age: Sex:
Ocular History :		
Contact Lens History:		
General History / Medication:		
Unaided Vision (VA)	VA with Pinhole	VA with correction
OD:	OD:	OD:
os: ou:	os:	os:
Previous/Current Rx (Spectacle):	Date:	
OD: OS: Near ADD:	VA : VA : Near VA :	PD (Glasses):
Previous/Current CLs:	Neal VA.	
OD: Type:BOZF	R (BC): Diameter (D):	Power (D): VA:
OS: Type:BOZF	R (BC): Diameter (D):	Power (D): VA:
	mm @	
Anterior Segment Examination:	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris –	os
Dry eye Test:		

				Contact	Lens Fitting	ı			
Trail 1									
OD: Type: BOZR (BC): Diameter (D):Power (D):									
OS: Type:				BOZR (BC):	Diameter ([)):	Power (D):	
Coverage:									
Centration:						ı			
Vertical Lens	Movement	: .		mm		+	_		
Lag with eye	movements	: .		mm					
Push Up Test	(PUT):	9	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	OS	:							
Impression:									
Trail 2									
OD: Type:				BOZR (BC):	Diameter ():	Power (D):	
OS: Type:				BOZR (B	C): Di	iameter (D):	:P(ower (D):	
Coverage:									
Centration:						ı			
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []	+	_		
Vertical Lens	Movement	: .		mm					
Lag with eye	movements			mm					
Push Up Test	(PUT):	9	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	OS								
Over-Refracti	on (OR)								
OD:				/A:					
os:			V	/A:					
Final Rx OD OS									
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
Impression (I	_								





optimizery country country	Optometry chine c	ontact Lens Hitting Fo	Dept. of Optometry and Vision Sciences
Date://			
Patient's Name:		File No.:	Age: Sex:
•			
Ocular History :			
Contact Lens History	r		
General History / Med	dication: ication:		
Unaided Vision (VA) VA with Pinhole	VA with cor	rection
OD:	OD:	OD:	
os:	ou: os:	os:	
Previous/Current Rx	(Spectacle):	Date:	
OD:		VA:	PD (Glasses) :
OS:		VA:	
Near ADD :	Near \	/A:	
Previous/Current C	CLs:		
OD: Type:	BOZR (BC): Diar	meter (D):Power (D):	VA:
OS: Type:	BOZR (BC): Diar	meter (D):Power (D):	VA:
OS:	mm @ mm mm @ mm mm Lid Tension OD/OS: Ambient illumination mm Lov	n @ Tight [] Normal []	Loose []
Anterior Segment Ex	OD - Lid	s/Lashes -	OS
	- Cor	Cornea - njunctiva - or chamber - - Iris -	
Dry eye Test:			

				Contact	Lens Fitting	1			
<u>Trail 1</u>									
OD: Type:				BOZR ((BC):	Diameter (I	D):	Power (D):	
OS: Type:				BOZR ((BC):	Diameter (I	D):	Power (D):	
Coverage:									
Centration:						1			
Vertical Lens	Movement:	:		mm		+	_		
Lag with eye	movements	s:		mm					
Push Up Test	(PUT):	%	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:	<u>,</u>							
	os:	<u></u>							
Impression:									
Trail 2									
OD: Type:Power (D):Power (D):									
OS: Type:									
Coverage:									
Centration:						1			
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []	+			
Vertical Lens	Movement:	: .		mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	itterns: OD:								
	OS:	<u></u>							
Over-Refracti	on (OR)								
OD:				'A:					
os:			V	'A :	T.				
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
-	_								





-	Optometry chine	Contact Lens	ricting roini	Dept. of Optometry and Vision Sciences					
Date://									
Patient's Name:		File No.:	Age:	Sex:					
Ocular History:									
Contact Lens Histor	у:								
General History / Mo	edication: dication:								
Unaided Vision (VA	VA with Pinh	ole	VA with correction						
OD:	OD:		OD:						
os:	OU: OS:		os:						
Previous/Current R	x (Spectacle):	Date:							
OD:		VA:	PD (C	Glasses):					
os:		VA:							
Near ADD :	Ne	ear VA :							
Previous/Current	CLs:								
OD: Type:	BOZR (BC):	Diameter (D):	Power (D):	VA:					
OS: Type:	BOZR (BC):	Diameter (D):	Power (D):	VA:					
Keratometry: OD:									
Anterior Segment E	OD		os						
		- Lids/Lashes - - Cornea - - Conjunctiva - nterior chamber - - Iris –							
Dry eye Test:									

				Contact	Lens Fitting	ı			
<u>Trail 1</u>									
OD: Type:			•••••	BOZR ((BC):	Diameter ([):	Power (D):	
OS: Type:				BOZR ((BC):	Diameter ([)):	Power (D):	
Coverage:									
Centration:						1			
Vertical Lens	Movement			mm		-	_		
Lag with eye	movements	;: .		mm					
Push Up Test	(PUT):	%	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	atterns: OD:								
	OS	:							
Impression:									
Trail 2									
OD: Type:									
OS: Type:									
Coverage:									
Centration:									
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []	_	_		
Vertical Lens	Movement			mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	%	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	atterns: OD:								
	OS								
Over-Refracti	on (OR)								
OD:				/A:					
os:			V	'A :					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	ВС	Power	Diam	VA
Impression (I	_								





optimizery country country	optometry chine co	intact Lens Fitting For	Dept. of Optometry and Vision Sciences						
Date://									
Patient's Name:		File No.:	Age: Sex:						
•									
Ocular History :									
Contact Lens History	r								
General History / Med	dication: ication:								
Unaided Vision (VA) VA with Pinhole	VA with corr	ection						
OD:	OD:	OD:							
os:	OU: OS:	os:							
Previous/Current Rx	(Spectacle):	Date:							
OD:		VA:	PD (Glasses) :						
OS:	MW	VA:							
Near ADD :	Near VA	\:							
Previous/Current C	CLs:								
OD: Type:	BOZR (BC): Diame	eter (D):Power (D):	VA:						
OS: Type:	BOZR (BC): Diame	eter (D):Power (D):	VA:						
Keratometry: OD:									
Anterior Segment Ex	OD - Lids/	Lashes -	os						
	- Conju	rnea - unctiva - chamber -							
Dry eye Test:									

				Contact	Lens Fitting	L			
<u>Trail 1</u>									
OD: Type:				BOZR (BC):	Diameter (D	D):	Power (D):.	
OS: Type:				BOZR (BC):	Diameter (D):	Power (D):.	
Coverage:									
Centration:						- 1			
Vertical Lens	Movement			mm		_	_		
Lag with eye i	movements	s: .		mm					
Push Up Test	(PUT):	0	% (O) = very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	os	:							
Impression:									
Trail 2									
OD: Type: BOZR (BC): Diameter (D):Power (D):									
OS: Type:Power (D):Power (D):									
Coverage:									
Centration:						1			
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []				
Vertical Lens	Movement			mm					
Lag with eye i	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0) = very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	os								
Over-Refraction	on (OR)								
OD:				'A:					
os:			V	'A :					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
Impression (D	_								





Date:/			
Patient's Name:	File No	.: Age	: Sex:
Chief Complaint:			
Ocular History :			
Contact Lens History:			
General History / Medication:			
Family History / Medication:			
Unaided Vision (VA)	VA with Pinhole	VA with correction	on
OD:	OD:	OD:	
os: ou:	os:	os:	
Previous/Current Rx (Spectacle):	Date: .		
OD:	VA:	F	PD (Glasses):
OS : Near ADD :	VA : Near VA :		
Previous/Current CLs:			
OD: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
OS: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
Keratometry: OD: mm @	mm @		
OS: mm @	mm @		
HVID OD/OS mm L	id Tension OD/OS: Tight []	Normal [] Loo	se []
Pupil Size OD/OS: Ambient illumination	n mm Low illumination	mm	
Anterior Segment Examination:			
OD	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris -		os
Dry eye Test:			

				Contact	Lens Fitting	ı			
<u>Trail 1</u>									
OD: Type:			•••••	BOZR ((BC):	Diameter ([):	Power (D):	
OS: Type:				BOZR ((BC):	Diameter ([)):	Power (D):	
Coverage:									
Centration:						1			
Vertical Lens	Movement			mm		-	_		
Lag with eye	movements	;: .		mm					
Push Up Test	(PUT):	%	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	atterns: OD:								
	OS	:							
Impression:									
Trail 2									
OD: Type:									
OS: Type:									
Coverage:									
Centration:									
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []	_	_		
Vertical Lens	Movement			mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	%	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	atterns: OD:								
	OS								
Over-Refracti	on (OR)								
OD:				/A:					
os:			V	'A :					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	ВС	Power	Diam	VA
Impression (I	_								





optimizery country country	optometry chine co	intact Lens Fitting For	Dept. of Optometry and Vision Sciences						
Date://									
Patient's Name:		File No.:	Age: Sex:						
•									
Ocular History :									
Contact Lens History	r								
General History / Med	dication: ication:								
Unaided Vision (VA) VA with Pinhole	VA with corr	ection						
OD:	OD:	OD:							
os:	OU: OS:	os:							
Previous/Current Rx	(Spectacle):	Date:							
OD:		VA:	PD (Glasses) :						
OS:	MW	VA:							
Near ADD :	Near VA	\:							
Previous/Current C	CLs:								
OD: Type:	BOZR (BC): Diame	eter (D):Power (D):	VA:						
OS: Type:	BOZR (BC): Diame	eter (D):Power (D):	VA:						
Keratometry: OD:									
Anterior Segment Ex	OD - Lids/	Lashes -	os						
	- Conju	rnea - unctiva - chamber -							
Dry eye Test:									

				Contact	Lens Fitting	1			
<u>Trail 1</u>									
OD: Type:				BOZR ((BC):	Diameter (I	D):	Power (D):	
OS: Type:				BOZR ((BC):	Diameter (I	D):	Power (D):	
Coverage:									
Centration:						1			
Vertical Lens	Movement:	:		mm		+	_		
Lag with eye	movements	s:		mm					
Push Up Test	(PUT):	%	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:	<u>,</u>							
	os:	<u></u>							
Impression:									
Trail 2									
OD: Type:Power (D):Power (D):									
OS: Type:									
Coverage:									
Centration:						1			
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []	+			
Vertical Lens	Movement:	: .		mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	itterns: OD:								
	OS:	<u></u>							
Over-Refracti	on (OR)								
OD:				'A:					
os:			V	'A :	T.				
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
-	_								





•			a special	promisely and vision sciences					
Date://									
Patient's Name:	Fil	e No.:	Age: Sex: .						
Chief Complaint:									
Ocular History :									
Contact Lens History:									
General History / Medication: Family History / Medication:									
Unaided Vision (VA)	VA with Pinhole	VA with corr	ection						
OD:	OD:	OD:							
OS: OU:	os:	os:							
Previous/Current Rx (Spectacle):	D	ate:							
OD:	VA:		PD (Glasses) :						
OS: Near ADD:	VA : Near VA :								
Previous/Current CLs:									
OD: Type:BOZ	R (BC): Diameter (D)	:Power (D):	VA:						
OS: Type: BOZ	R (BC): Diameter (D)	:Power (D):	VA:						
Keratometry: OD:									
Anterior Segment Examination:	- Lids/Lashes - Cornea - - Conjunctiva - Anterior chamb		os						
Dry eye Test:	- Iris –								

				Contact	Lens Fitting	ı			
<u>Trail 1</u>									
OD: Type:			•••••	BOZR ((BC):	Diameter ([):	Power (D):	
OS: Type:				BOZR ((BC):	Diameter ([)):	Power (D):	
Coverage:									
Centration:						1			
Vertical Lens	Movement			mm		-	_		
Lag with eye	movements	;: .		mm					
Push Up Test	(PUT):	%	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	atterns: OD:								
	OS	:							
Impression:									
Trail 2									
OD: Type:									
OS: Type:									
Coverage:									
Centration:									
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []	_	_		
Vertical Lens	Movement			mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	%	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	atterns: OD:								
	OS								
Over-Refracti	on (OR)								
OD:				/A:					
os:			V	'A :					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	ВС	Power	Diam	VA
Impression (I	_								





optimizery country country	optometry chine co	intact Lens Fitting For	Dept. of Optometry and Vision Sciences						
Date://									
Patient's Name:		File No.:	Age: Sex:						
•									
Ocular History :									
Contact Lens History	r								
General History / Med	dication: ication:								
Unaided Vision (VA) VA with Pinhole	VA with corr	ection						
OD:	OD:	OD:							
os:	OU: OS:	os:							
Previous/Current Rx	(Spectacle):	Date:							
OD:		VA:	PD (Glasses) :						
OS:	MW	VA:							
Near ADD :	Near VA	\:							
Previous/Current C	CLs:								
OD: Type:	BOZR (BC): Diame	eter (D):Power (D):	VA:						
OS: Type:	BOZR (BC): Diame	eter (D):Power (D):	VA:						
Keratometry: OD:									
Anterior Segment Ex	OD - Lids/	Lashes -	os						
	- Conju	rnea - unctiva - chamber -							
Dry eye Test:									

Contact Lens Fitting									
Trail 1									
OD: Type:			•••••	BOZR ((BC):	Diameter ([):	Power (D):	
OS: Type: BOZR (BC): Diameter (D):Power (D):									
Coverage:									
Centration:									
Vertical Lens	Movement			mm		-	_		
Lag with eye	movements	;: .		mm					
Push Up Test	(PUT):	%	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	atterns: OD:								
	OS	:							
Impression:									
Trail 2									
OD: Type:Power (D):Power (D):									
OS: Type:									
Coverage:									
Centration:									
Central [] Superior [] Inferior [] Nasal [] Temporal []									
Vertical Lens	Movement			mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	%	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	atterns: OD:								
	OS								
Over-Refracti	on (OR)								
OD:				/A:					
os:			V	'A :					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	ВС	Power	Diam	VA
Impression (I	_								





Date:/										
Patient's Name:	File No	.: Age: Se	X:							
Chief Complaint:										
Contact Lens History:										
General History / Medication:Family History / Medication:										
Unaided Vision (VA)	VA with Pinhole	VA with correction								
OD:	OD:	OD:								
OS: OU:	OS:	os:								
Previous/Current Rx (Spectacle):	Date:									
OD:	VA:	PD (Glasses) :								
OS:	VA:									
	Near ADD: Near VA:									
Previous/Current CLs:										
OD: Type:BOZF	R (BC): Diameter (D):	Power (D): VA:								
OS: Type:BOZF	OS: Type: BOZR (BC): Diameter (D):									
Keratometry: OD: mm @										
OS: mm @	mm @									
HVID OD/OS mm L	id Tension OD/OS: Tight []	Normal [] Loose []								
Pupil Size OD/OS: Ambient illumination	n mm Low illumination	mm								
Anterior Segment Examination:										
OD OD	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris –	os								
Dry eye Test:										

Contact Lens Fitting									
<u>Trail 1</u>									
OD: Type:				BOZR ((BC):	Diameter (I	D):	Power (D):	
OS: Type:				BOZR ((BC):	Diameter (I	D):	Power (D):	
Coverage:									
Centration:						1			
Vertical Lens	Movement:	:		mm		+	_		
Lag with eye	movements	s:		mm					
Push Up Test	(PUT):	%	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:	<u>,</u>							
	os:	<u></u>							
Impression:									
Trail 2									
OD: Type:Power (D):Power (D):									
OS: Type:									
Coverage:									
Centration:						1			
Central [] Superior [] Inferior [] Nasal [] Temporal []									
Vertical Lens	Movement:	: .		mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	itterns: OD:								
	OS:	<u></u>							
Over-Refracti	on (OR)								
OD:				'A:					
os:			V	'A :	T.				
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
-	_								





	<u> </u>		
Date:/			
Patient's Name:	File No.:	Age:	Sex:
Chief Complaint:			
Ocular History :			
Contact Lens History:			
General History / Medication: Family History / Medication:			
Unaided Maior (MA)	VA with Binbala	VA with a sum of in	
Unaided Vision (VA)	VA with Pinhole	VA with correction	
OD:	OD:	OD:	
OS: OU:	OS:	OS:	
Previous/Current Rx (Spectacle):	Date:		
OD: OS:	VA: VA:	PD (Glass	ses):
Near ADD :	Near VA:		
Previous/Current CLs:			
OD: Type:BOZF	R (BC): Diameter (D):	Power (D):	VA:
OS: Type:BOZF	R (BC): Diameter (D):	Power (D):	VA:
Keratometry: OD: mm @	mm @		
OS: mm @	mm @		
HVID OD/OS mm L	id Tension OD/OS: Tight []	Normal [] Loose []	
Pupil Size OD/OS: Ambient illumination	n mm Low illumination	mm	
The same of the sa	2011		
Anterior Segment Examination:			
OD OD OD Total	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris –	os	
Dry eye Test:			

Contact Lens Fitting									
<u>Trail 1</u>									
OD: Type:				BOZR ((BC):	Diameter (I	D):	Power (D):	
OS: Type:				BOZR ((BC):	Diameter (I	D):	Power (D):	
Coverage:									
Centration:						1			
Vertical Lens	Movement:	:		mm		+	_		
Lag with eye	movements	s:		mm					
Push Up Test	(PUT):	%	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:	<u>,</u>							
	os:	<u></u>							
Impression:									
Trail 2									
OD: Type:Power (D):Power (D):									
OS: Type:									
Coverage:									
Centration:						1			
Central [] Superior [] Inferior [] Nasal [] Temporal []									
Vertical Lens	Movement:	: .		mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	itterns: OD:								
	OS:	<u></u>							
Over-Refracti	on (OR)								
OD:				'A:					
os:			V	'A :	T.				
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
-	_								





Date://									
Patient's Name:	File No	o.: Age: Sex:							
Ocular History :									
Contact Lens History:									
General History / Medication:									
Unaided Vision (VA)	VA with Pinhole	VA with correction							
OD:	OD:	OD:							
os: ou:	os:	os:							
Previous/Current Rx (Spectacle):	Date:								
OD: OS: Near ADD:	VA: VA:	PD (Glasses):							
Near ADD : Near VA :									
Previous/Current CLs:									
OD: Type:BOZi	R (BC): Diameter (D):	Power (D): VA:							
OS: Type:BOZF	R (BC): Diameter (D):	Power (D): VA:							
Keratometry: OD:									
Anterior Segment Examination:	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris –	os							
Dry eye Test:									

Contact Lens Fitting									
Trail 1									
OD: Type:			•••••	BOZR ((BC):	Diameter ([):	Power (D):	
OS: Type: BOZR (BC): Diameter (D):Power (D):									
Coverage:									
Centration:									
Vertical Lens	Movement			mm		-	_		
Lag with eye	movements	;: .		mm					
Push Up Test	(PUT):	%	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	atterns: OD:								
	OS	:							
Impression:									
Trail 2									
OD: Type:Power (D):Power (D):									
OS: Type:									
Coverage:									
Centration:									
Central [] Superior [] Inferior [] Nasal [] Temporal []									
Vertical Lens	Movement			mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	%	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	atterns: OD:								
	OS								
Over-Refracti	on (OR)								
OD:				/A:					
os:			V	'A :					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	ВС	Power	Diam	VA
Impression (I	_								





Date:/			
Patient's Name:	File No	.: Age	: Sex:
Chief Complaint:			
Ocular History :			
Contact Lens History:			
General History / Medication:			
Family History / Medication:			
Unaided Vision (VA)	VA with Pinhole	VA with correction	on
OD:	OD:	OD:	
os: ou:	os:	os:	
Previous/Current Rx (Spectacle):	Date: .		
OD:	VA:	F	PD (Glasses):
OS : Near ADD :	VA : Near VA :		
Previous/Current CLs:			
OD: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
OS: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
Keratometry: OD: mm @	mm @		
OS: mm @	mm @		
HVID OD/OS mm L	id Tension OD/OS: Tight []	Normal [] Loo	se []
Pupil Size OD/OS: Ambient illumination	n mm Low illumination	mm	
Anterior Segment Examination:			
OD	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris -		os
Dry eye Test:			

Contact Lens Fitting									
Trail 1									
OD: Type:			•••••	BOZR ((BC):	Diameter ([):	Power (D):	
OS: Type: BOZR (BC): Diameter (D):Power (D):									
Coverage:									
Centration:									
Vertical Lens	Movement			mm		-	_		
Lag with eye	movements	;: .		mm					
Push Up Test	(PUT):	%	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	atterns: OD:								
	OS	:							
Impression:									
Trail 2									
OD: Type:Power (D):Power (D):									
OS: Type:									
Coverage:									
Centration:									
Central [] Superior [] Inferior [] Nasal [] Temporal []									
Vertical Lens	Movement			mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	%	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	atterns: OD:								
	OS								
Over-Refracti	on (OR)								
OD:				/A:					
os:			V	'A :					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	ВС	Power	Diam	VA
Impression (I	_								





-	Optometry chine	Contact Lens	ricting roini	Dept. of Optometry and Vision Sciences					
Date://									
Patient's Name:		File No.:	Age:	Sex:					
Ocular History:									
Contact Lens Histor	у:								
General History / Mo	edication: dication:								
Unaided Vision (VA	VA with Pinh	ole	VA with correction						
OD:	OD:		OD:						
os:	OU: OS:		os:						
Previous/Current R	x (Spectacle):	Date:							
OD:		VA:	PD (C	Glasses):					
os:		VA:							
Near ADD :	Ne	ear VA :							
Previous/Current	CLs:								
OD: Type:	BOZR (BC):	Diameter (D):	Power (D):	VA:					
OS: Type:	BOZR (BC):	Diameter (D):	Power (D):	VA:					
Keratometry: OD:									
Anterior Segment E	OD		os						
		- Lids/Lashes - - Cornea - - Conjunctiva - nterior chamber - - Iris –							
Dry eye Test:									

				Contact	Lens Fitting	L			
<u>Trail 1</u>									
OD: Type:				BOZR (BC):	Diameter (D	D):	Power (D):.	
OS: Type:				BOZR (BC):	Diameter (D):	Power (D):.	
Coverage:									
Centration:						- 1			
Vertical Lens	Movement			mm		_	_		
Lag with eye i	movements	s: .		mm					
Push Up Test	(PUT):	0	% (O) = very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	os	:							
Impression:									
Trail 2									
OD: Type: BOZR (BC): Diameter (D):Power (D):									
OS: Type:Power (D):Power (D):									
Coverage:									
Centration:									
Central [] Superior [] Inferior [] Nasal [] Temporal []									
Vertical Lens	Movement			mm					
Lag with eye i	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0) = very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	os								
Over-Refraction	on (OR)								
OD:				'A:					
os:			V	'A :					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
Impression (D	_								





Date:/										
Patient's Name:	File No	.: Age: Se	X:							
Chief Complaint:										
Contact Lens History:										
General History / Medication:Family History / Medication:										
Unaided Vision (VA)	VA with Pinhole	VA with correction								
OD:	OD:	OD:								
OS: OU:	OS:	os:								
Previous/Current Rx (Spectacle):	Date:									
OD:	VA:	PD (Glasses) :								
OS:	VA:									
	Near ADD: Near VA:									
Previous/Current CLs:										
OD: Type:BOZF	R (BC): Diameter (D):	Power (D): VA:								
OS: Type:BOZF	OS: Type: BOZR (BC): Diameter (D):									
Keratometry: OD: mm @										
OS: mm @	mm @									
HVID OD/OS mm L	id Tension OD/OS: Tight []	Normal [] Loose []								
Pupil Size OD/OS: Ambient illumination	n mm Low illumination	mm								
Anterior Segment Examination:										
OD OD	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris –	os								
Dry eye Test:										

				Cantas	t I ana Eittin	_			
Trail 1				Contac	t Lens Fitting	4			
				BOZR	(BC):	Diameter (D):	Power (D):	
					(BC):				
Coverage:					(20)	,	- ,	. • (=)	
Centration:									
Vertical Lens Movement: mm									
Lag with eye i									
Push Up Test					e. 50 = optimi	 um. 100 = i:	mmobile)		
Flourecein pa				-	•		•		
r roureoem pa									
Impression:									
Trail 2									
				BOZR ((BC):	Diameter /	D).	Power (D):	
OD: Type:									
Coverage:									
Centration: Central [] Superior [] Inferior [] Nasal [] Temporal []									
Vertical Lens			j Nasai		nai[]				
						I			
Lag with eye					. 50 = autius	100 = i			
Push Up Test				_			•		
Flourecein pa									
Over-Refracti									
OD:	(01.)		V	Ά:					
os:			V	Ά:					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	ВС	Power	Diam	VA
Impression (C									
Plan:									
Student Nan	ne & Signa	iture :							
	_								





-	Optometry chine	Contact Lens	ricting roini	Dept. of Optometry and Vision Sciences					
Date://									
Patient's Name:		File No.:	Age:	Sex:					
Ocular History:									
Contact Lens Histor	у:								
General History / Mo	edication: dication:								
Unaided Vision (VA	VA with Pinh	ole	VA with correction						
OD:	OD:		OD:						
os:	OU: OS:		os:						
Previous/Current R	x (Spectacle):	Date:							
OD:		VA:	PD (C	Glasses):					
os:		VA:							
Near ADD :	Ne	ear VA :							
Previous/Current	CLs:								
OD: Type:	BOZR (BC):	Diameter (D):	Power (D):	VA:					
OS: Type:	BOZR (BC):	Diameter (D):	Power (D):	VA:					
Keratometry: OD:									
Anterior Segment E	OD		os						
		- Lids/Lashes - - Cornea - - Conjunctiva - nterior chamber - - Iris –							
Dry eye Test:									

				Contact	Lens Fitting	1			
<u>Trail 1</u>									
OD: Type:				BOZR ((BC): [Diameter (I	D):	Power (D):	
OS: Type:				BOZR ((BC):	Diameter (I	D):	Power (D):	
Coverage:									
Centration:									
Vertical Lens	Movement:	:		mm		+	_		
Lag with eye	movements	5:		mm					
Push Up Test	(PUT):	%	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:	<u>,</u>							
	os:	<u></u>							
Impression:									
Trail 2									
OD: Type:Power (D):Power (D):									
OS: Type:Power (D):Power (D):									
Coverage:									
Centration:						1			
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []	+			
Vertical Lens	Movement:	: .		mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	itterns: OD:								
	OS:	<u></u>							
Over-Refracti	on (OR)								
OD:				'A:					
os:			V	'A :	T.				
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
-	_								





Date:/			
Patient's Name:	File No	.: Age	: Sex:
Chief Complaint:			
Ocular History :			
Contact Lens History:			
General History / Medication:			
Family History / Medication:			
Unaided Vision (VA)	VA with Pinhole	VA with correction	on
OD:	OD:	OD:	
os: ou:	os:	os:	
Previous/Current Rx (Spectacle):	Date: .		
OD:	VA:	F	PD (Glasses):
OS : Near ADD :	VA : Near VA :		
Previous/Current CLs:			
OD: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
OS: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
Keratometry: OD: mm @	mm @		
OS: mm @	mm @		
HVID OD/OS mm L	id Tension OD/OS: Tight []	Normal [] Loo	se []
Pupil Size OD/OS: Ambient illumination	n mm Low illumination	mm	
Anterior Segment Examination:			
OD	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris -		os
Dry eye Test:			

				Contact	t Lens Fitting				
Trail 1				Contac	Lens i min	1			
				BOZR	(BC):	Diameter (D):	Power (D):.	
					(BC):				
Coverage:					•	-	,		
Centration:									
Vertical Lens	Movement			mm					
Lag with eye	movements	: .		mm					
					e, 50 = optimu	ı ım, 100 = ir	nmobile)		
•									
Impression:									
Trail 2									
OD: Type:				BOZR	(BC):	Diameter (D):	Power (D):.	
OS: Type:Power (D):Power (D):									
Coverage:									
Centration:									
Central [] S	Superior []	Inferior [] Nasal	[] Tempo	oral []				
Vertical Lens	Movement			mm					
Lag with eye	movements	: .		mm		'			
Push Up Test	(PUT):	9	6 (0	= very loos	e, 50 = optimu	ım, 100 = ir	nmobile)		
Flourecein pa	ntterns: OD:								
	os								
Over-Refracti	on (OR)								
OD:			V	Ά:					
os:			V	Α:					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	ВС	Power	Diam	VA
Туре		1 OWEI	Diam	**	Турс	50	1 OWEI	Diam	***
Impression (I	Diagnosis):.								
Plan:									
Carrelant Nav	- O Claus								
Student war	ne & Signa	iture :							





Date:/			
Patient's Name:	File No	.: Age	: Sex:
Chief Complaint:			
Ocular History :			
Contact Lens History:			
General History / Medication:			
Family History / Medication:			
Unaided Vision (VA)	VA with Pinhole	VA with correction	on
OD:	OD:	OD:	
os: ou:	os:	os:	
Previous/Current Rx (Spectacle):	Date: .		
OD:	VA:	F	PD (Glasses):
OS : Near ADD :	VA : Near VA :		
Previous/Current CLs:			
OD: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
OS: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
Keratometry: OD: mm @	mm @		
OS: mm @	mm @		
HVID OD/OS mm L	id Tension OD/OS: Tight []	Normal [] Loo	se []
Pupil Size OD/OS: Ambient illumination	n mm Low illumination	mm	
Anterior Segment Examination:			
OD	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris -		os
Dry eye Test:			

				Contact	Lens Fitting	1			
<u>Trail 1</u>									
OD: Type:				BOZR ((BC): [Diameter (I	D):	Power (D):	
OS: Type:				BOZR ((BC):	Diameter (I	D):	Power (D):	
Coverage:									
Centration:									
Vertical Lens	Movement:	:		mm		+	_		
Lag with eye	movements	5:		mm					
Push Up Test	(PUT):	%	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:	<u>,</u>							
	os:	<u></u>							
Impression:									
Trail 2									
OD: Type:Power (D):Power (D):									
OS: Type:Power (D):Power (D):									
Coverage:									
Centration:						1			
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []	+			
Vertical Lens	Movement:	: .		mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	itterns: OD:								
	OS:	<u></u>							
Over-Refracti	on (OR)								
OD:				'A:					
os:			V	'A :	T.				
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
-	_								





Date:/			
Patient's Name:	File No	.: Age	: Sex:
Chief Complaint:			
Ocular History :			
Contact Lens History:			
General History / Medication:			
Family History / Medication:			
Unaided Vision (VA)	VA with Pinhole	VA with correction	on
OD:	OD:	OD:	
os: ou:	os:	os:	
Previous/Current Rx (Spectacle):	Date: .		
OD:	VA:	F	PD (Glasses):
OS : Near ADD :	VA : Near VA :		
Previous/Current CLs:			
OD: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
OS: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
Keratometry: OD: mm @	mm @		
OS: mm @	mm @		
HVID OD/OS mm L	id Tension OD/OS: Tight []	Normal [] Loo	se []
Pupil Size OD/OS: Ambient illumination	n mm Low illumination	mm	
Anterior Segment Examination:			
OD	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris -		os
Dry eye Test:			

				Contact	Lens Fitting	1			
<u>Trail 1</u>									
OD: Type:				BOZR ((BC):	Diameter (I	D):	Power (D):	
OS: Type:				BOZR ((BC):	Diameter (I	D):	Power (D):	
Coverage:									
Centration:									
Vertical Lens	Movement:	:		mm		+	_		
Lag with eye	movements	5:		mm					
Push Up Test	(PUT):	%	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:	<u>,</u>							
	os:	<u></u>							
Impression:									
Trail 2									
OD: Type:Power (D):Power (D):									
OS: Type:Power (D):Power (D):									
Coverage:									
Centration:						1			
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []	+			
Vertical Lens	Movement:	: .		mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	itterns: OD:								
	OS:	<u></u>							
Over-Refracti	on (OR)								
OD:				'A:					
os:			V	'A :	T.				
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
-	_								





Date:/			
Patient's Name:	File No	.: Age: Se	X:
Chief Complaint:			
Contact Lens History:			
General History / Medication:Family History / Medication:			
Unaided Vision (VA)	VA with Pinhole	VA with correction	
OD:	OD:	OD:	
OS: OU:	OS:	os:	
Previous/Current Rx (Spectacle):	Date:		
OD:	VA:	PD (Glasses) :	
OS:	VA:		
Near ADD :	Near VA:		
Previous/Current CLs:			
OD: Type:BOZF	R (BC): Diameter (D):	Power (D): VA:	
OS: Type:BOZF	R (BC): Diameter (D):	Power (D): VA:	
Keratometry: OD: mm @			
OS: mm @	mm @		
HVID OD/OS mm L	id Tension OD/OS: Tight []	Normal [] Loose []	
Pupil Size OD/OS: Ambient illumination	n mm Low illumination	mm	
Anterior Segment Examination:			
OD OD	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris –	os	
Dry eye Test:			

				Contact	Lens Fittin	g			
<u>Trail 1</u>									
OD: Type:				BOZR (BC):	. Diameter	(D):	Power (D):	
OS: Type:				BOZR (BC):	. Diameter ((D):	Power (D):	
Coverage:									
Centration:						ı			
Vertical Lens	Movement	: .		mm		+			
Lag with eye	movements	s: .		mm					
Push Up Test	t (PUT):	9	6 (0	= very loos	e, 50 = optim	um, 100 = i	mmobile)		
Flourecein pa	atterns: OD:								
	os	:							
Impression:									
Trail 2									
OD: Type:				BOZR (BC):	. Diameter	(D):	Power (D):	
OS: Type: BOZR (BC): Diameter (D):									
Coverage:									
Centration:						ı			
Central [] S	Superior []	Inferior [] Nasal	[] Tempo	ral []				
Vertical Lens	Movement	: .		mm					
Lag with eye	movements	s: .		mm		'			
Push Up Test	t (PUT):	9	6 (O	= very loos	e, 50 = optim	um, 100 = i	mmobile)		
Flourecein pa	atterns: OD:								
	os								
Over-Refracti	ion (OR)								
OD:			V	Ά:					
os:			٧	Ά:					
Final Rx		OD					os		
	ВС	Power	Diam	VA	Type	ВС	Power	Diam	VA
Туре	ВС	rowei	Diami	VA	Туре	ВС	Fower	Diam	VA
Impression (I Plan:	• .								





-	Optometry chine	Contact Lens	ricting roini	Dept. of Optometry and Vision Sciences					
Date://									
Patient's Name:		File No.:	Age:	Sex:					
Ocular History:									
Contact Lens Histor	у:								
General History / Mo	edication: dication:								
Unaided Vision (VA	VA with Pinh	ole	VA with correction						
OD:	OD:		OD:						
os:	OU: OS:		os:						
Previous/Current R	x (Spectacle):	Date:							
OD:		VA:	PD (C	Glasses):					
os:		VA:							
Near ADD :	Ne	ear VA :							
Previous/Current	CLs:								
OD: Type:	BOZR (BC):	Diameter (D):	Power (D):	VA:					
OS: Type:	BOZR (BC):	Diameter (D):	Power (D):	VA:					
Keratometry: OD:									
Anterior Segment E	OD		os						
		- Lids/Lashes - - Cornea - - Conjunctiva - nterior chamber - - Iris –							
Dry eye Test:									

				Contact	Lens Fitting	1			
<u>Trail 1</u>									
OD: Type:				BOZR ((BC):	Diameter (I	D):	Power (D):	
OS: Type:				BOZR ((BC):	Diameter (I	D):	Power (D):	
Coverage:									
Centration:						1			
Vertical Lens	Movement:	:		mm		+	_		
Lag with eye	movements	5:		mm					
Push Up Test	(PUT):	%	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:	<u>,</u>							
	os:	<u></u>							
Impression:									
Trail 2									
OD: Type:Power (D):Power (D):									
OS: Type:									
Coverage:									
Centration:						1			
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []	+			
Vertical Lens	Movement:	: .		mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	itterns: OD:								
	OS:	<u></u>							
Over-Refracti	on (OR)								
OD:				'A:					
os:			V	'A :	T.				
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
-	_								





Date://							
Patient's Name:	File No	o.: Age: Sex:					
Ocular History :							
Contact Lens History:							
General History / Medication:							
Unaided Vision (VA)	VA with Pinhole	VA with correction					
OD:	OD:	OD:					
os: ou:	os:	os:					
Previous/Current Rx (Spectacle):	Date:						
OD: OS: Near ADD:	VA : VA : Near VA :	PD (Glasses):					
Previous/Current CLs:	NEGI VA.						
OD: Type:BOZi	R (BC): Diameter (D):	Power (D): VA:					
OS: Type:BOZF	R (BC): Diameter (D):	Power (D): VA:					
Keratometry: OD:							
Anterior Segment Examination:	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris –	os					
Dry eye Test:							

				Contact	Lens Fitting	1			
<u>Trail 1</u>									
OD: Type:				BOZR ((BC):	Diameter (I	D):	Power (D):	
OS: Type:				BOZR ((BC):	Diameter (I	D):	Power (D):	
Coverage:									
Centration:						1			
Vertical Lens	Movement:	:		mm		+	_		
Lag with eye	movements	s:		mm					
Push Up Test	(PUT):	%	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:	<u>,</u>							
	os:	<u></u>							
Impression:									
Trail 2									
OD: Type:Power (D):Power (D):									
OS: Type:									
Coverage:									
Centration:						1			
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []	+			
Vertical Lens	Movement:	: .		mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	itterns: OD:								
	OS:	<u></u>							
Over-Refracti	on (OR)								
OD:				'A:					
os:			V	'A :	T.				
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
-	_								





optimizery country country	optometry chine co	intact Lens Fitting For	Dept. of Optometry and Vision Sciences					
Date://								
Patient's Name:		File No.:	Age: Sex:					
•								
Ocular History :								
Contact Lens History	r							
General History / Med	dication: ication:							
Unaided Vision (VA) VA with Pinhole	VA with corr	ection					
OD:	OD:	OD:						
os:	OU: OS:	os:						
Previous/Current Rx	(Spectacle):	Date:						
OD:		VA:	PD (Glasses) :					
OS:	MW	VA:						
Near ADD :	Near VA	\:						
Previous/Current C	CLs:							
OD: Type:	BOZR (BC): Diame	eter (D):Power (D):	VA:					
OS: Type:	BOZR (BC): Diame	eter (D):Power (D):	VA:					
Keratometry: OD:								
Anterior Segment Ex	OD - Lids/	Lashes -	os					
	- Conju	rnea - unctiva - chamber -						
Dry eye Test:								

				Contact	Lens Fitting	L			
<u>Trail 1</u>									
OD: Type:				BOZR (BC):	Diameter (D	D):	Power (D):.	
OS: Type:				BOZR (BC):	Diameter (D):	Power (D):.	
Coverage:									
Centration:						- 1			
Vertical Lens	Movement			mm		_	_		
Lag with eye i	movements	s: .		mm					
Push Up Test	(PUT):	0	% (O) = very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	os	:							
Impression:									
Trail 2									
OD: Type: BOZR (BC): Diameter (D):Power (D):									
OS: Type:									
Coverage:									
Centration:						1			
Central [] Superior [] Inferior [] Nasal [] Temporal []									
Vertical Lens	Movement			mm					
Lag with eye i	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0) = very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	os								
Over-Refraction	on (OR)								
OD:				'A:					
os:			V	'A :					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
Impression (D	_								





Date:/			
Patient's Name:	File No	.: Age	: Sex:
Chief Complaint:			
Ocular History :			
Contact Lens History:			
General History / Medication:			
Family History / Medication:			
Unaided Vision (VA)	VA with Pinhole	VA with correction	on
OD:	OD:	OD:	
os: ou:	os:	os:	
Previous/Current Rx (Spectacle):	Date: .		
OD:	VA:	F	PD (Glasses):
OS : Near ADD :	VA : Near VA :		
Previous/Current CLs:			
OD: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
OS: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
Keratometry: OD: mm @	mm @		
OS: mm @	mm @		
HVID OD/OS mm L	id Tension OD/OS: Tight []	Normal [] Loo	se []
Pupil Size OD/OS: Ambient illumination	n mm Low illumination	mm	
Anterior Segment Examination:			
OD	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris -		os
Dry eye Test:			

				Contact	Lens Fitting	1			
<u>Trail 1</u>									
OD: Type:				BOZR (BC):	Diameter (I	D):l	Power (D):	
OS: Type:				BOZR (I	BC):	Diameter (I	D):l	Power (D):	
Coverage:									
Centration:									
Vertical Lens	Movement	: .		mm		+	—		
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	itterns: OD:	:							
	os	:		,					
Impression:									
Trail 2									
OD: Type:				BOZR (BC):	Diameter (I	D):l	Power (D):	
OS: Type:				BOZR (BC	C): D	iameter (D)	:Po	wer (D):	
Coverage:									
Centration:									
Central [] S	uperior []	Inferior [] Nasal	[] Tempor	ral []	+	—		
Vertical Lens	Movement	: .		mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	itterns: OD:	:							
Over-Refracti	on (OR)								
OD:				/A:					
os:			v	/A:	Г				
Final Rx		OD	•				os		
Туре	ВС	Power	Diam	VA	Туре	ВС	Power	Diam	VA
Impression (E	• .								
Plan:									,





optimizery country country	optometry chine co	intact Lens Fitting For	Dept. of Optometry and Vision Sciences					
Date://								
Patient's Name:		File No.:	Age: Sex:					
•								
Ocular History :								
Contact Lens History	r							
General History / Med	dication: ication:							
Unaided Vision (VA) VA with Pinhole	VA with corr	ection					
OD:	OD:	OD:						
os:	OU: OS:	os:						
Previous/Current Rx	(Spectacle):	Date:						
OD:		VA:	PD (Glasses) :					
OS:	MW	VA:						
Near ADD :	Near VA	\:						
Previous/Current C	CLs:							
OD: Type:	BOZR (BC): Diame	eter (D):Power (D):	VA:					
OS: Type:	BOZR (BC): Diame	eter (D):Power (D):	VA:					
Keratometry: OD:								
Anterior Segment Ex	OD - Lids/	Lashes -	os					
	- Conju	rnea - unctiva - chamber -						
Dry eye Test:								

				Contact	Lens Fitting	L			
<u>Trail 1</u>									
OD: Type:				BOZR (BC):	Diameter (D	D):	Power (D):.	
OS: Type:				BOZR (BC):	Diameter (D):	Power (D):.	
Coverage:									
Centration:						- 1			
Vertical Lens	Movement			mm		_	_		
Lag with eye i	movements	s: .		mm					
Push Up Test	(PUT):	0	% (O) = very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	os	:							
Impression:									
Trail 2									
OD: Type: BOZR (BC): Diameter (D):Power (D):									
OS: Type:									
Coverage:									
Centration:						1			
Central [] Superior [] Inferior [] Nasal [] Temporal []									
Vertical Lens	Movement			mm					
Lag with eye i	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0) = very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	os								
Over-Refraction	on (OR)								
OD:				'A:					
os:			V	'A :					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
Impression (D	_								





Date:/			
Patient's Name:	File No	.: Age	: Sex:
Chief Complaint:			
Ocular History :			
Contact Lens History:			
General History / Medication:			
Family History / Medication:			
Unaided Vision (VA)	VA with Pinhole	VA with correction	on
OD:	OD:	OD:	
os: ou:	os:	os:	
Previous/Current Rx (Spectacle):	Date: .		
OD:	VA:	F	PD (Glasses):
OS : Near ADD :	VA : Near VA :		
Previous/Current CLs:			
OD: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
OS: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
Keratometry: OD: mm @	mm @		
OS: mm @	mm @		
HVID OD/OS mm L	id Tension OD/OS: Tight []	Normal [] Loo	se []
Pupil Size OD/OS: Ambient illumination	n mm Low illumination	mm	
Anterior Segment Examination:			
OD	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris -		os
Dry eye Test:			

				Contact	Lens Fitting	L			
<u>Trail 1</u>									
OD: Type:				BOZR (BC):	Diameter (D	D):	Power (D):.	
OS: Type:				BOZR (BC):	Diameter (D):	Power (D):.	
Coverage:									
Centration:						- 1			
Vertical Lens	Movement			mm		_	_		
Lag with eye i	movements	s: .		mm					
Push Up Test	(PUT):	0	% (O) = very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	os	:							
Impression:									
Trail 2									
OD: Type: BOZR (BC): Diameter (D):Power (D):									
OS: Type:									
Coverage:									
Centration:						1			
Central [] Superior [] Inferior [] Nasal [] Temporal []									
Vertical Lens	Movement			mm					
Lag with eye i	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0) = very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	os								
Over-Refraction	on (OR)								
OD:				'A:					
os:			V	'A :					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
Impression (D	_								





optimizery country country	optometry chine co	intact Lens Fitting For	Dept. of Optometry and Vision Sciences					
Date://								
Patient's Name:		File No.:	Age: Sex:					
•								
Ocular History :								
Contact Lens History	r							
General History / Med	dication: ication:							
Unaided Vision (VA) VA with Pinhole	VA with corr	ection					
OD:	OD:	OD:						
os:	OU: OS:	os:						
Previous/Current Rx	(Spectacle):	Date:						
OD:		VA:	PD (Glasses) :					
OS:	MW	VA:						
Near ADD :	Near VA	\:						
Previous/Current C	CLs:							
OD: Type:	BOZR (BC): Diame	eter (D):Power (D):	VA:					
OS: Type:	BOZR (BC): Diame	eter (D):Power (D):	VA:					
Keratometry: OD:								
Anterior Segment Ex	OD - Lids/	Lashes -	os					
	- Conju	rnea - unctiva - chamber -						
Dry eye Test:								

				Contact	Lens Fitting	L			
<u>Trail 1</u>									
OD: Type:				BOZR (BC):	Diameter (D	D):	Power (D):.	
OS: Type:				BOZR (BC):	Diameter (D):	Power (D):.	
Coverage:									
Centration:									
Vertical Lens	Movement			mm		_	_		
Lag with eye i	movements	s: .		mm					
Push Up Test	(PUT):	0	% (O) = very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	os	:							
Impression:									
Trail 2									
OD: Type:Power (D):Power (D):									
OS: Type:									
Coverage:									
Centration:									
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []				
Vertical Lens	Movement			mm					
Lag with eye i	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0) = very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	os								
Over-Refraction	on (OR)								
OD:				'A:					
os:			V	'A :					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
Impression (D	_								





Date:/			
Patient's Name:	File No	.: Age	: Sex:
Chief Complaint:			
Ocular History :			
Contact Lens History:			
General History / Medication:			
Family History / Medication:			
Unaided Vision (VA)	VA with Pinhole	VA with correction	on
OD:	OD:	OD:	
os: ou:	os:	os:	
Previous/Current Rx (Spectacle):	Date: .		
OD:	VA:	F	PD (Glasses):
OS : Near ADD :	VA : Near VA :		
Previous/Current CLs:			
OD: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
OS: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
Keratometry: OD: mm @	mm @		
OS: mm @	mm @		
HVID OD/OS mm L	id Tension OD/OS: Tight []	Normal [] Loo	se []
Pupil Size OD/OS: Ambient illumination	n mm Low illumination	mm	
Anterior Segment Examination:			
OD	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris -		os
Dry eye Test:			

Contact Lens Fitting									
<u>Trail 1</u>									
OD: Type:				BOZR ((BC):	Diameter (I	D):	Power (D):	
OS: Type:				BOZR ((BC):	Diameter (I	D):	Power (D):	
Coverage:									
Centration:									
Vertical Lens Movement: mm									
Lag with eye	movements	s:		mm					
Push Up Test	(PUT):	%	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:	<u>,</u>							
	os:	<u></u>							
Impression:									
Trail 2									
OD: Type:Power (D):Power (D):									
OS: Type:Power (D):Power (D):									
Coverage:									
Centration:									
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []	+			
Vertical Lens	Movement:	: .		mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	itterns: OD:								
	OS:	<u></u>							
Over-Refracti	on (OR)								
OD:				'A:					
os:			V	'A :	T.				
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
-	_								





	<u> </u>		
Date:/			
Patient's Name:	File No.:	Age:	Sex:
Chief Complaint:			
Ocular History :			
Contact Lens History:			
General History / Medication: Family History / Medication:			
Unaided Maior (MA)	VA with Binbala	VA with a sum of in	
Unaided Vision (VA)	VA with Pinhole	VA with correction	
OD:	OD:	OD:	
OS: OU:	OS:	OS:	
Previous/Current Rx (Spectacle):	Date:		
OD: OS:	VA: VA:	PD (Glass	ses):
Near ADD :	Near VA:		
Previous/Current CLs:			
OD: Type:BOZF	R (BC): Diameter (D):	Power (D):	VA:
OS: Type:BOZF	R (BC): Diameter (D):	Power (D):	VA:
Keratometry: OD: mm @	mm @		
OS: mm @	mm @		
HVID OD/OS mm L	id Tension OD/OS: Tight []	Normal [] Loose []	
Pupil Size OD/OS: Ambient illumination	n mm Low illumination	mm	
The same of the sa	2011		
Anterior Segment Examination:			
OD OD OD Total	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris –	os	
Dry eye Test:			

				Contact	Lens Fitting	L			
<u>Trail 1</u>									
OD: Type:				BOZR (BC):	Diameter (D	D):	Power (D):.	
OS: Type:				BOZR (BC):	Diameter (D):	Power (D):.	
Coverage:									
Centration:									
Vertical Lens	Movement			mm		_	_		
Lag with eye i	movements	s: .		mm					
Push Up Test	(PUT):	0	% (O) = very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	os	:							
Impression:									
Trail 2									
OD: Type:Power (D):Power (D):									
OS: Type:									
Coverage:									
Centration:									
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []				
Vertical Lens	Movement			mm					
Lag with eye i	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0) = very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	os								
Over-Refraction	on (OR)								
OD:				'A:					
os:			V	'A :					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
Impression (D	_								





Date:/									
Patient's Name:	File No	.: Age: Se	X:						
Chief Complaint:									
Contact Lens History:									
General History / Medication:Family History / Medication:									
Unaided Vision (VA)	VA with Pinhole	VA with correction							
OD:	OD:	OD:							
OS: OU:	OS:	os:							
Previous/Current Rx (Spectacle):	Date:								
OD:	VA:	PD (Glasses) :							
OS:	VA:								
Near ADD: Near VA:									
Previous/Current CLs:									
OD: Type:BOZF	R (BC): Diameter (D):	Power (D): VA:							
OS: Type:BOZF	R (BC): Diameter (D):	Power (D): VA:							
Keratometry: OD: mm @									
OS: mm @	mm @								
HVID OD/OS mm L	id Tension OD/OS: Tight []	Normal [] Loose []							
Pupil Size OD/OS: Ambient illumination	n mm Low illumination	mm							
Anterior Segment Examination:									
OD OD	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris –	os							
Dry eye Test:									

Contact Lens Fitting									
<u>Trail 1</u>									
OD: Type:				BOZR ((BC):	Diameter (I	D):	Power (D):	
OS: Type:				BOZR ((BC):	Diameter (I	D):	Power (D):	
Coverage:									
Centration:									
Vertical Lens Movement: mm									
Lag with eye	movements	s:		mm					
Push Up Test	(PUT):	%	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:	<u>,</u>							
	os:	<u></u>							
Impression:									
Trail 2									
OD: Type:Power (D):Power (D):									
OS: Type:Power (D):Power (D):									
Coverage:									
Centration:									
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []	+			
Vertical Lens	Movement:	: .		mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	itterns: OD:								
	OS:	<u></u>							
Over-Refracti	on (OR)								
OD:				'A:					
os:			V	'A :	T.				
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
-	_								





	<u> </u>		
Date:/			
Patient's Name:	File No.:	Age:	Sex:
Chief Complaint:			
Ocular History :			
Contact Lens History:			
General History / Medication: Family History / Medication:			
Unaided Maior (MA)	VA with Binbala	VA with a sum of in	
Unaided Vision (VA)	VA with Pinhole	VA with correction	
OD:	OD:	OD:	
OS: OU:	OS:	OS:	
Previous/Current Rx (Spectacle):	Date:		
OD: OS:	VA: VA:	PD (Glass	ses):
Near ADD :	Near VA:		
Previous/Current CLs:			
OD: Type:BOZF	R (BC): Diameter (D):	Power (D):	VA:
OS: Type:BOZF	R (BC): Diameter (D):	Power (D):	VA:
Keratometry: OD: mm @	mm @		
OS: mm @	mm @		
HVID OD/OS mm L	id Tension OD/OS: Tight []	Normal [] Loose []	
Pupil Size OD/OS: Ambient illumination	n mm Low illumination	mm	
The same of the sa	2011		
Anterior Segment Examination:			
OD OD OD Total	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris –	os	
Dry eye Test:			

				Contact	Lens Fitting	L			
<u>Trail 1</u>									
OD: Type:				BOZR (BC):	Diameter (D	D):	Power (D):.	
OS: Type:				BOZR (BC):	Diameter (D):	Power (D):.	
Coverage:									
Centration:									
Vertical Lens	Movement			mm		_	_		
Lag with eye i	movements	s: .		mm					
Push Up Test	(PUT):	0	% (O) = very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	os	:							
Impression:									
Trail 2									
OD: Type:Power (D):Power (D):									
OS: Type:									
Coverage:									
Centration:									
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []				
Vertical Lens	Movement			mm					
Lag with eye i	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0) = very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	os								
Over-Refraction	on (OR)								
OD:				'A:					
os:			V	'A :					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
Impression (D	_								





Date:/			
Patient's Name:	File No	.: Age	: Sex:
Chief Complaint:			
Ocular History :			
Contact Lens History:			
General History / Medication:			
Family History / Medication:			
Unaided Vision (VA)	VA with Pinhole	VA with correction	on
OD:	OD:	OD:	
os: ou:	os:	os:	
Previous/Current Rx (Spectacle):	Date: .		
OD:	VA:	F	PD (Glasses):
OS : Near ADD :	VA : Near VA :		
Previous/Current CLs:			
OD: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
OS: Type:BOZR	R (BC): Diameter (D):	Power (D):	VA:
Keratometry: OD: mm @	mm @		
OS: mm @	mm @		
HVID OD/OS mm L	id Tension OD/OS: Tight []	Normal [] Loo	se []
Pupil Size OD/OS: Ambient illumination	n mm Low illumination	mm	
Anterior Segment Examination:			
OD	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris -		os
Dry eye Test:			

				Contact	Lens Fitting	L			
<u>Trail 1</u>									
OD: Type:				BOZR (BC):	Diameter (D	D):	Power (D):.	
OS: Type:				BOZR (BC):	Diameter (D):	Power (D):.	
Coverage:									
Centration:									
Vertical Lens	Movement			mm		_	_		
Lag with eye i	movements	s: .		mm					
Push Up Test	(PUT):	0	% (O) = very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	os	:							
Impression:									
Trail 2									
OD: Type:Power (D):Power (D):									
OS: Type:									
Coverage:									
Centration:									
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []				
Vertical Lens	Movement			mm					
Lag with eye i	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0) = very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	os								
Over-Refraction	on (OR)								
OD:				'A:					
os:			V	'A :					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
Impression (D	_								





-	Optometry chine	Contact Lens	ricting roini	Dept. of Optometry and Vision Sciences					
Date://									
Patient's Name:		File No.:	Age:	Sex:					
Ocular History:									
Contact Lens Histor	у:								
General History / Mo	edication: dication:								
Unaided Vision (VA	VA with Pinh	ole	VA with correction						
OD:	OD:		OD:						
os:	OU: OS:		os:						
Previous/Current R	x (Spectacle):	Date:							
OD:		VA:	PD (C	Glasses):					
os:		VA:							
Near ADD :	Ne	ear VA :							
Previous/Current	CLs:								
OD: Type:	BOZR (BC):	Diameter (D):	Power (D):	VA:					
OS: Type:	BOZR (BC):	Diameter (D):	Power (D):	VA:					
Keratometry: OD:									
Anterior Segment E	OD		os						
		- Lids/Lashes - - Cornea - - Conjunctiva - nterior chamber - - Iris –							
Dry eye Test:									

				Contact	Lens Fitting	1			
<u>Trail 1</u>									
OD: Type:				BOZR (BC):	Diameter (D):	Power (D):.	
OS: Type:				BOZR (BC):	Diameter (I	D):	Power (D):.	
Coverage:									
Centration:									
Vertical Lens	Movement	: .		mm		+	_		
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	0	% (0	= very loose	e, 50 = optimi	um, 100 = ir	nmobile)		
Flourecein pa	atterns: OD:								
	os								
Impression:									
Trail 2									
OD: Type:				BOZR (BC):	Diameter (D):	Power (D):.	
OS: Type:				BOZR (B	C): D	iameter (D)	:P	ower (D):	
Coverage:									
Centration:						ı			
Central [] S	Superior []	Inferior [] Nasal	[] Tempo	ral []				
Vertical Lens	Movement	: .		mm					
Lag with eye	movements	s: .		mm		ļ			
Push Up Test	(PUT):	0	% (O	= verv loose	e. 50 = optimi	um. 100 = ir	nmobile)		
Flourecein pa				_					
Over-Refracti	on (OR)								
OD:	-		V	Ά:					
os:			V	Ά:					
Final Du		00					00		
Final Rx		OD					os		
Туре	BC	Power	Diam	VA	Туре	BC	Power	Diam	VA
Impression (I Plan:	_								
Student Nan	ne & Signa	ature :							





optimizery country country	optometry chine c	ontact Lens Hitting Fo	Dept. of Optometry and Vision Sciences			
Date://						
Patient's Name:		File No.:	Age: Sex:			
•						
Ocular History :						
Contact Lens History	r					
General History / Med	dication: ication:					
Unaided Vision (VA) VA with Pinhole	VA with cor	rection			
OD:	OD:	OD:				
os:	ou: os:	os:				
Previous/Current Rx	(Spectacle):	Date:				
OD:		VA:	PD (Glasses) :			
OS:		VA:				
Near ADD :	Near \	/A:				
Previous/Current C	CLs:					
OD: Type:	BOZR (BC): Diar	meter (D):Power (D):	VA:			
OS: Type:	BOZR (BC): Diar	meter (D):Power (D):	VA:			
Keratometry: OD:						
Anterior Segment Ex	OD - Lid	s/Lashes -	OS			
	- Cor	Cornea - njunctiva - or chamber - - Iris –				
Dry eye Test:						

Contact Lens Fitting									
Trail 1									
OD: Type: BOZR (BC): Diameter (D):									
OS: Type:				BOZR (BC):	Diameter ([)):	Power (D):	
Coverage:									
Centration:						ı			
Vertical Lens	Movement	: .		mm		+	_		
Lag with eye	movements	: .		mm					
Push Up Test	(PUT):	9	6 (0	= very loos	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	OS	:							
Impression:									
Trail 2									
OD: Type:				BOZR (BC):	Diameter ():	Power (D):	
OS: Type:				BOZR (B	C): Di	iameter (D):	:P(ower (D):	
Coverage:									
Centration:						ı			
Central [] S	uperior []	Inferior [] Nasal	[] Tempo	ral []	+	_		
Vertical Lens	Movement	: .		mm					
Lag with eye	movements			mm					
Push Up Test	(PUT):	9	6 (0	= very loose	e, 50 = optimu	ım, 100 = in	nmobile)		
Flourecein pa	tterns: OD:								
	OS								
Over-Refracti	on (OR)								
OD:				/A:					
os:			V	/A:					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	вс	Power	Diam	VA
Impression (Diagnosis):									





Date://							
Patient's Name:	File No	.: Age: Se	X:				
Chief Complaint:							
Contact Lens History:							
General History / Medication:Family History / Medication:							
Unaided Vision (VA)	VA with Pinhole	VA with correction					
OD:	OD:	OD:					
OS: OU:	OS:	os:					
Previous/Current Rx (Spectacle):	Date:						
OD:	VA:	PD (Glasses) :					
OS:	VA:						
Near ADD :	Near VA:						
Previous/Current CLs:							
OD: Type:BOZF	R (BC): Diameter (D):	Power (D): VA:					
OS: Type:BOZF	R (BC): Diameter (D):	Power (D): VA:					
Keratometry: OD: mm @							
OS: mm @	mm @						
HVID OD/OS mm L	id Tension OD/OS: Tight []	Normal [] Loose []					
Pupil Size OD/OS: Ambient illumination mm Low illumination mm							
Anterior Segment Examination:							
OD OD	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris –	os					
Dry eye Test:							

				Contact	Lens Fittin	g			
<u>Trail 1</u>									
OD: Type:				BOZR (BC):	. Diameter	(D):	Power (D):	
OS: Type:				BOZR (BC):	. Diameter (D):	Power (D):	
Coverage:									
Centration:						ı			
Vertical Lens	Movement	: .		mm		+			
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0	= very loos	e, 50 = optim	um, 100 = i	mmobile)		
Flourecein pa	atterns: OD:								
	os	·							
Impression:									
Trail 2									
OD: Type:				BOZR (BC):	. Diameter	(D):	Power (D):	
OS: Type:				BOZR (B	C): [Diameter (D):Po	ower (D):	
Coverage:									
Centration:						ı			
Central [] S	Superior []	Inferior [] Nasal	[] Tempo	ral []				
Vertical Lens	Movement	: .		mm					
Lag with eye	movements	s: .		mm					
Push Up Test	(PUT):	9	6 (0	= very loos	e, 50 = optim	um, 100 = i	mmobile)		
Flourecein pa	atterns: OD:								
	os	·							
Over-Refracti	on (OR)								
OD:			V	Α:					
os:			V	Α:					
Final Rx		OD					os		
Туре	ВС	Power	Diam	VA	Туре	ВС	Power	Diam	VA
1,560		1 outci	Diam	••	Турс	50	- Tower	Diam	••
Impression (I Plan:	• .								

Student's Activities Record

The activities that student has attended or participated in during the semester which may be considered as part of the course e.g. workshops, lectures, vision screening campaign ...etc.

	art of the course e.g. workshops, lectures, vision so	Supervisor name and		
Date	Activity	signature		
		2 3 2.2.2		

By the end of the semester

Please submit your completed logbook to the course leader for marking

Good luck

Reference Clinical and Practical Log Book of Jniversity, UK) has been used as be	Optometry clinics at school o enchmark and reference for this	f life and health logbook.	sciences (Astor
	End		