



|   |   |  |      |       |      |      |       |      |     |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
|---|---|--|------|-------|------|------|-------|------|-----|---|--|--|--|--|--|--|---|--|--|--|--|--|--|
| <p><b>Visual Acuity</b></p> <p>Right Eye (OD)      20/<br/>                 Left Eye (OS)      20/<br/>                 Near (Both Eyes)    20/<br/>                     [ ] W/ Glasses    [ ] W/ Contacts<br/>                     [ ] W/O Glasses or Contacts</p> | <p><b>Doctors Orders</b></p> <p>[ ] Screening Visual Field<br/>                 [ ] Threshold Visual Field<br/>                 [ ] Ret. Photos [ ] Ant. Photos<br/>                 [ ] Dilation<br/>                 [ ] Other: _____</p> | <p style="text-align: center;"><b>New Patient Previous RX</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>SPH</td> <td>CYL</td> <td>AXIS</td> <td>PRISM</td> <td>BASE</td> <td>ADD</td> </tr> <tr> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>L</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p><i>Pros and Cons:</i></p> |      | SPH   | CYL  | AXIS | PRISM | BASE | ADD | R |  |  |  |  |  |  | L |  |  |  |  |  |  |
|   | SPH   | CYL  | AXIS | PRISM | BASE | ADD  |       |      |     |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| R   |   |  |      |       |      |      |       |      |     |   |  |  |  |  |  |  |   |  |  |  |  |  |  |
| L   |   |  |      |       |      |      |       |      |     |   |  |  |  |  |  |  |   |  |  |  |  |  |  |

**Refractive Tx Plan**

|  |                                      |
|--|--------------------------------------|
| <p><b>HOME:</b></p> <p>Solution:</p>   | <p><b>WORK:</b></p> <p>Solution:</p> |
| <p><b>SCHOOL:</b></p> <p>Solution:</p> | <p><b>PLAY:</b></p> <p>Solution:</p> |

**Health Tx Plan:**

**Recall Tx Plan:**

**Primary Glasses Prescription**    [ ] No Glasses    **Alternate RX- Usage:**

|   | SPH | CYL | AXIS | PRISM | BASE | ADD |   | SPH | CYL | AXIS | PRISM | BASE | ADD |
|---|-----|-----|------|-------|------|-----|---|-----|-----|------|-------|------|-----|
| R |     |     |      |       |      |     | R |     |     |      |       |      |     |
| L |     |     |      |       |      |     | L |     |     |      |       |      |     |

|   | <b>Contact Lens Brand (Color?)</b> | SPH | CYL | AXIS | Base Curve | Dia | ADD |
|---|------------------------------------|-----|-----|------|------------|-----|-----|
| R |                                    |     |     |      |            |     |     |
| L |                                    |     |     |      |            |     |     |

*Notes:*

**EYEGLOSS ORDERS**

|   |
|---|
| <p><b>#1. FRAME NAME:</b> _____ <b>Material:</b> [ ] Plastic [ ] Metal [ ] Rimless [ ] Drill Mount<br/> <b>Color:</b> _____ <b>Eye Size</b> ____/____/____ <b>Seg Ht:</b> _____ <b>OC:</b> _____ <b>PD:</b> _____ / _____</p> <p><b>LENS INFORMATION:</b> Type: [ ] SV [ ] Lined BF [ ] Progressive (No Line)    Lens Material: [ ] Poly [ ] Plastic [ ] High Index 1.67 (&gt; 5.00)<br/>                 Lens Options: [ ] A/R    Transitions: [ ] BRO [ ] GRY    Polarized: [ ] BRO [ ] GRY    [ ] Roll &amp; Polish<br/>                 Tint: [ ] Solid [ ] Gradient [ ] Same as Demo    Color: _____    Density: [ ] 1 [ ] 1.5 [ ] 2 [ ] 2.5 [ ] 3<br/>                 [ ] Remake [ ] Replacement [ ] Private Pay [ ] Paid [ ] Layaway    Staff Initials _____ [ ] Ordered Staff Initials _____</p> |
| <p><b>#2. FRAME NAME:</b> _____ <b>Material:</b> [ ] Plastic [ ] Metal [ ] Rimless [ ] Drill Mount<br/> <b>Color:</b> _____ <b>Eye Size</b> ____/____/____ <b>Seg Ht:</b> _____ <b>OC:</b> _____ <b>PD:</b> _____ / _____</p> <p><b>LENS INFORMATION:</b> Type: [ ] SV [ ] Lined BF [ ] Progressive (No Line)    Lens Material: [ ] Poly [ ] Plastic [ ] High Index 1.67 (&gt; 5.00)<br/>                 Lens Options: [ ] A/R    Transitions: [ ] BRO [ ] GRY    Polarized: [ ] BRO [ ] GRY    [ ] Roll &amp; Polish<br/>                 Tint: [ ] Solid [ ] Gradient [ ] Same as Demo    Color: _____    Density: [ ] 1 [ ] 1.5 [ ] 2 [ ] 2.5 [ ] 3<br/>                 [ ] Remake [ ] Replacement [ ] Private Pay [ ] Paid [ ] Layaway    Staff Initials _____ [ ] Ordered Staff Initials _____</p> |
| <p><b>#3 FRAME NAME:</b> _____ <b>Material:</b> [ ] Plastic [ ] Metal [ ] Rimless [ ] Drill Mount<br/> <b>Color:</b> _____ <b>Eye Size</b> ____/____/____ <b>Seg Ht:</b> _____ <b>OC:</b> _____ <b>PD:</b> _____ / _____</p> <p><b>LENS INFORMATION:</b> Type: [ ] SV [ ] Lined BF [ ] Progressive (No Line)    Lens Material: [ ] Poly [ ] Plastic [ ] High Index 1.67 (&gt; 5.00)<br/>                 Lens Options: [ ] A/R    Transitions: [ ] BRO [ ] GRY    Polarized: [ ] BRO [ ] GRY    [ ] Roll &amp; Polish<br/>                 Tint: [ ] Solid [ ] Gradient [ ] Same as Demo    Color: _____    Density: [ ] 1 [ ] 1.5 [ ] 2 [ ] 2.5 [ ] 3<br/>                 [ ] Remake [ ] Replacement [ ] Private Pay [ ] Paid [ ] Layaway    Staff Initials _____ [ ] Ordered Staff Initials _____</p>  |