

Date:

Patient Name: Age:

Entry reference form for your internal office use only.

<p>1 Material:</p> <input type="checkbox"/> 1.50 <input type="checkbox"/> 1.53 <input type="checkbox"/> 1.60 <input type="checkbox"/> 1.67 <input type="checkbox"/> 1.74	<p>Coating:</p> <input type="checkbox"/> Recharge® <input type="checkbox"/> Super HiVision EX3®	<p>Photochromic:</p> <input type="checkbox"/> Sensity® Brown <input type="checkbox"/> Sensity® Gray <input type="checkbox"/> Sensity® Green <input type="checkbox"/> UV Block (CR39 1.50 only)	<p>Tint: (Reference HOYA Diamond Tint® kit)</p> <input style="width: 100%; height: 20px;" type="text"/>
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2 Prescription:

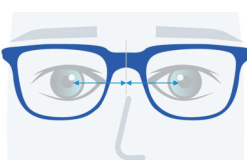
	Sphere:	Cyl:	Axis:	Add:	Prism:	Base/Direction	Prism:	Base/Direction
R	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
L	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

3 Add Power Measurement Procedure:
 Measured Near Distance on Phoropter:
 (between 20-99 cm)
 MND: cm
 (Default: 40 cm)

4 Choose Method of Testing Add Power:

 Trial frame front (**recommended**)
 Phoropter
 Addition lens in front
 Addition lens in back
 Total far/near power

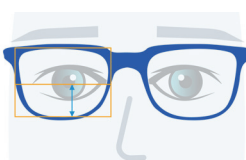
5 Measurement Data:



Pupil Distance:

Right: mm

Left: mm

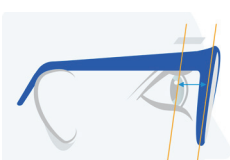


Fitting Height:

Right: mm

Left: mm

6




Vertex Distance:

Right: mm

Left: mm

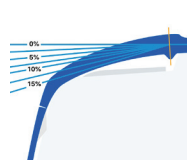
(Default 12.3 mm)



Pantoscopic Tilt:

PA: °

(Default 8.3°)



Wrap Angle:

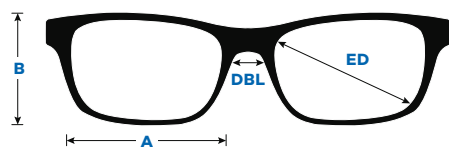
Wrap: °

(Default 4.4°)

7 Frame Type:

 Rimless
 Nylon
 Plastic
 Metal
 Other:

Notes:



A Frame width: mm

B Frame height: mm

DBL Bridge size: mm

ED Effective Diameter: mm

8 Previous Lenses:

- Single Vision Bifocal Readers Progressive Contact Lenses (Single Vision)
- None Contact Lenses (Progressive)

Lens history/previous lens design

9 Satisfaction with Previous Design: (initial adjustment period)

- Very Dissatisfied Dissatisfied Not Dissatisfied/Satisfied Satisfied Very Satisfied

10 Previous Prescription:

	Sphere:	Cyl:	Axis:	Add:	Prism:	Base/Direction	Prism:	Base/Direction
R	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
L	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

11 Lifestyle Profiles:

A What percentage of time do you spend **outdoors** per day? %

B Lifestyle: Outdoor

Please select the top 4-5 activities to be most often performed while wearing this specific pair of glasses. Indicate the importance level for each selected activity.

Activity	Not Important	Somewhat Important	Important	Very Important	Extremely Important
<input type="checkbox"/> Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sports & Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shopping & Going Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Computer & Digital Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C Importance: Computer

Please select the media device you use most often.

- Mostly laptop computer
- Mostly desktop computer
- Mostly tablet/iPad & smart phone
- Mix of these

D Importance: Driving

Please select the transportation mode you use most often.

- Passenger car
- Motorcycle, scooter, e-bike, electric wheelchair
- Truck, trailer, flatbed
- Bus
- Train, tram

E Importance: Sports

Please select the sports activity that suits you best.

- Walking & running
- Fitness (gym, indoor fitness, yoga)
- Racket sports (indoors & outdoors)
- Ball games (including pool & billiards)
- Cycling (all types)
- Golf

12 Notes