

Client n°/Phone n°		Patient reference
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First trial lenses parameters:

OD : _____ OS : _____

Material: _____

Check lenses after minimum 4 hours of lenses wear for an optimal result

Feeling of wearer: _____

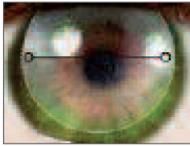
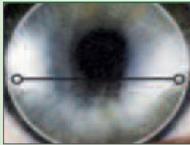
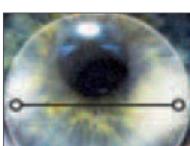
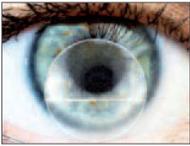
OD	VA with lenses in situ	OS
/10	Distance vision	/10
/10	Near vision*	/10
Usual position of the head:	Normal <input type="checkbox"/>	Head up <input type="checkbox"/>
Bottom of pupil / Lower Lid:	OD	OS
OD	VA and over refraction	OS
/10	Near	Bino : /10
	Intermediate:	
/10	Near	Bino : /10

* If near vision is poor: **control the translation in reading position**, gently raise the upper eyelid

Good: OD OS



Poor OD OS

<p>① Lens position looking straight ahead High riding position</p>  <p>OD <input type="checkbox"/> OS <input type="checkbox"/></p>	<p>② Alignment dots position Alignment dots are in the upper two third</p>  <p>OD <input type="checkbox"/> OS <input type="checkbox"/></p>	<p>④ Range of movement</p> <p>Low OD <input type="checkbox"/> OS <input type="checkbox"/></p> <p>Normal OD <input type="checkbox"/> OS <input type="checkbox"/></p> <p>Excessive OD <input type="checkbox"/> OS <input type="checkbox"/></p>
<p>Lens rests on the lower eyelid or tangent located below the limbus</p>  <p>OD <input type="checkbox"/> OS <input type="checkbox"/></p>	<p>Alignment dots are in good position in the lower third of the pupil or tangent</p>  <p>OD <input type="checkbox"/> OS <input type="checkbox"/></p>	<p>⑤ Wettability</p> <p>Good OD <input type="checkbox"/> OS <input type="checkbox"/></p> <p>Poor OD <input type="checkbox"/> OS <input type="checkbox"/></p>
<p>Lens slips under the lower lid marginal</p>  <p>OD <input type="checkbox"/> OS <input type="checkbox"/></p>	<p>Alignment dots are located under the pupil</p>  <p>OD <input type="checkbox"/> OS <input type="checkbox"/></p>	<p>⑥ Fluorescein pattern after the centering of the lens</p>  <p>Steep OD <input type="checkbox"/> OS <input type="checkbox"/></p> <p>Of 10 /10</p> <p>Steep 5/100 OD <input type="checkbox"/> OS <input type="checkbox"/></p> <p>Optimal OD <input type="checkbox"/> OS <input type="checkbox"/></p> <p>Flat OD <input type="checkbox"/> OS <input type="checkbox"/></p> <p>Of 10 /10</p>
<p>Lens rests on the lower eyelid</p>  <p>OD <input type="checkbox"/> OS <input type="checkbox"/></p>	<p>③ Movement</p> <p>Quick OD <input type="checkbox"/> OS <input type="checkbox"/></p> <p>Slow OD <input type="checkbox"/> OS <input type="checkbox"/></p>	

SEND