

Client account:		Patient reference:	
Practitioner:		Email:	
Date:		Time of the check-up:	
		Number of hours of lens wear:	
Check-up			

Lenses worn parameters

OD :		OS :	
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Contact Lens Care: OXYClean AQUADROP+ ProCare Other

OD :	Visual acuity	OS :	
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Over refraction

OD :		OS :	
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Insert difference maps

Insert right map

Insert left map

FLUORESCIN PATTERN

Corneals integrity

Central staining	Peripheral staining	Central staining	Peripheral staining
Yes <input type="checkbox"/> Grade <input type="text"/>	Yes <input type="checkbox"/> Grade <input type="text"/>	Yes <input type="checkbox"/> Grade <input type="text"/>	Yes <input type="checkbox"/> Grade <input type="text"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

Fluorescein pattern	Analysis		Fluorescein pattern	Analysis	
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p>Insert right eye</p> </div>	∅ :	Of:	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p>Insert left eye</p> </div>	∅ :	Of:
	Too wide <input type="checkbox"/>	0,20 <input type="checkbox"/>		Too wide <input type="checkbox"/>	0,20 <input type="checkbox"/>
	Too small <input type="checkbox"/>	0,40 <input type="checkbox"/>		Too small <input type="checkbox"/>	0,40 <input type="checkbox"/>
	Correct <input type="checkbox"/>	0,60 <input type="checkbox"/>		Correct <input type="checkbox"/>	0,60 <input type="checkbox"/>
		0,80 <input type="checkbox"/>			0,80 <input type="checkbox"/>
	Center:	Of:		Center:	Of:
Optimal <input type="checkbox"/>	0,05 <input type="checkbox"/>	Optimal <input type="checkbox"/>	0,05 <input type="checkbox"/>		
Flat <input type="checkbox"/>	0,10 <input type="checkbox"/>	Flat <input type="checkbox"/>	0,10 <input type="checkbox"/>		
Steep <input type="checkbox"/>	0,15 <input type="checkbox"/>	Steep <input type="checkbox"/>	0,15 <input type="checkbox"/>		
Periphery:	Of:	Periphery:	Of:		
Optimal <input type="checkbox"/>	0,05 <input type="checkbox"/>	Optimal <input type="checkbox"/>	0,05 <input type="checkbox"/>		
Flat <input type="checkbox"/>	0,10 <input type="checkbox"/>	Flat <input type="checkbox"/>	0,10 <input type="checkbox"/>		
Steep <input type="checkbox"/>	0,15 <input type="checkbox"/>	Steep <input type="checkbox"/>	0,15 <input type="checkbox"/>		

Comments / Questions