

Date	Forename			Surname			TDR No.
Store ID	Title	«Title»	«FirstNames»	«Surname»			
Address	«Address1»			D.O.B	Tel	«TelHome»	Customer No.
	«Address2»						
«Address3»			M			«TelMobile»	
«Town»			Occupation				Fitter
«County»			Hobbies & Interests			CO Scheme	
«Postcode»						CO ID	VDU
						Rx Issuer	

Initial Contact Lens Visit									
Contact Lens History			SPH	CYL	AXIS	PRISM	ADD	VA	PRESCRIBER
	Spec Rx	R						6/	
		L						6/	DATE
REASON FOR WEAR	PREV	TYPE			RADIUS	DIAM	POWER	VA	PRESCRIBER
	CL	R						6/	
	Rx	L						6/	DATE

Motivation		SLIT-LAMP EXAMINATION	
GENERAL HEALTH <input type="checkbox"/>	(√ = No health problems)	R	L
CONTRAINDICATIONS <input type="checkbox"/>			

MEASUREMENTS				TRIAL LENSES											
R		L		TYPE	RAD	DIAM	PWR	OVERRx	VA	TYPE	RAD	DIAM	PWR	OVERRx	VA
H	Along	K'S	Along	H					6/	1					6/
V	Along		Along	V					6/	2					6/
Clear <input type="checkbox"/> Distorted <input type="checkbox"/>		MIRES	Clear <input type="checkbox"/> Distorted <input type="checkbox"/>						6/	3					6/
TBUT									6/	4					6/
SCHIRMER								BEST LENS NO.							
HVID															
VVID															
PUPIL DIAM								BEST LENS FIT							

DISPENSING VISIT				
OPTICIAN		DATE		
LENS VERIFICATION	Both checked OK			
R		L		
LENS FIT				
		6/	VISION	6/
		OVERRx		
		6/	VA	6/
ADVICE GIVEN TO PATIENT				
Maximum wear time:				
Solutions:				
Next aftercare:				

HANDLING TUITION			
TUITION BY		DATE	
LENS INSERTION PROFICIENCY:			
LENS REMOVAL PROFICIENCY:			
GENERAL HANDLING:			
CLEANING REGIME UNDERSTOOD:			
INSTRUCTION LEAFLET GIVEN: <input type="checkbox"/> (√ = Yes)			
COMMENTS		ADVICE GIVEN TO PATIENT	

SPECIFICATION FOR ORDERING							
SPECIFICATION DATE	TYPE	RADIUS	DIAM	CT	POWER	TINT	OTHER
	R						
SUPERSEDED BY DATE	TYPE	RADIUS	DIAM	CT	POWER	TINT	OTHER
	R						
SUPERSEDED BY DATE	TYPE	RADIUS	DIAM	CT	POWER	TINT	OTHER
	R						

CHARGES		£
LENS PRICE		
INITIAL FIT		
DIRECT DEBIT		
REP SCHEME		
TOTAL		
LESS VOUCHER		
PART PAYMENT		
BALANCE DUE		