DreamLens® Follow-Up Form Instructions

The DreamLens Follow-Up Form allows you to enter all the data required to manage your DreamLens patients. The following is a description of the fields and why each is included.

Patient Information: The first block of fields is for the patient's name, address and other identifying information. Included in this section are fields for their initial Rx, K's and "e" value. This information is helpful to immediately reference their initial RX starting point when evaluating their progress. The current date can be entered in the top left field.

Problems/Comments: Enter any patient comments or a description of any problems they may be experiencing.

Time Inserted: Enter the time the lenses were inserted. Occasionally the patient will have an unusual schedule that can have an effect of the results.

Time Removed: Enter the time removed. There can be a large difference in results if the patient just removed the lenses or if they have been out all day.

Hours Worn: The number of hours worn can have a major impact on the results for the visit. 6 to 10 hours is normal. Less than 6 hours can lessen the effect and more than 10 hours can cause increased distortion.

Average Hours Worn: The average hours worn tells you how long they normally wear the lenses. Compare this to the Hours Worn field. I difference here could explain a subnormal result today.

Visit Type: Enter the type of visit such as one day visit, one week visit, one month visit, six month visit, annual visit or an intermediate visit.

Vision quality: A subjective response to see how well they think they are doing. This information combined with the other findings helps to determine if a change needs to be made in the lens design. The quality of vision is expected to be lower at night due to the larger pupil size. Terms that can be used are Excellent, Good, Average, Bad, Very bad.

UCVA: Uncorrected visual acuity should be recorded at each visit. Comparison of this value to the initial visit will tell you their visual potential. Patients with high initial powers can often see a few letters on multiple lines. This is due to small areas of increased flattening in the treatment zone. The quality of vision might be reduced especially at night.

VA With Lenses: Visual acuity with the lenses on the eye is done as needed. This should be recorded for the dispensing visit.

Refraction without lenses: This is your gauge of how much the Rx has been reduced and should be taken at every visit. If the lens is not centered or there is central distortion, the final acuity can be reduced. High powers can also give soft endpoints.

Refraction with lenses: Make sure this is taken at the dispensing visit. Only if this information is recorded can you determine if the myopia/axial length has increased over time (unless axial length is specifically recorded). It will also double check the accuracy of the initial data. The over refraction should be +/-0.37D. When a patient returns for their annual visit with an increase in myopia, you need to determine if the axial length has increased or the lens is just not correcting as much myopia as before. If the original over refraction was PL and it is now -1.00 and the patient's refraction is also -1.00, then there is a high probability that this increase is due to axial length growth and the original Rx should be adjusted accordingly. A new lens would now be designed using this new information.

Slit Lamp: Record your slit lamp or topography findings.

Next visit: Enter the date of their next visit.

Conclusion: This is your summation of the case at this point.