

Please send email to your distributor

Customer number/Name	Patient ref:
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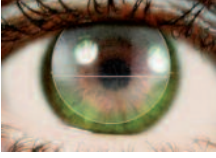

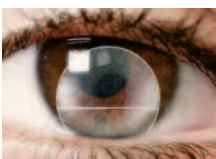
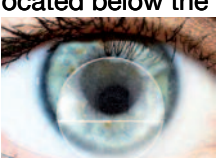

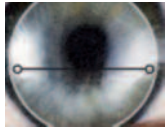
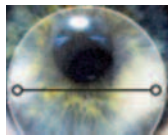

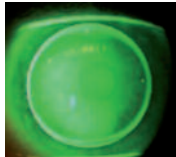
### First trial lenses parameters

OD	
OS	
Material	

Check lenses after **minimum 4 hours** of lenses wear

Feeling of wearer :

OD	VA with lenses in situ	OS
/10	Distance vision	/10
	Near vision*	
OD	Over refraction	OS
/10	Distance	/10
	Intermediate	
/10	Near	/10

<p><b>1 Lens position looking straight ahead</b></p> <p>High riding position</p>  <p>OD <input type="checkbox"/> OS <input type="checkbox"/></p> <p>Lens rests on the lower eyelid</p>  <p>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>Lens rests on the lower eyelid located below the limbus</p>  <p>OD <input type="checkbox"/> OS <input type="checkbox"/></p>	<p><b>2 Alignment dots position</b></p> <p>Alignment dots are in the upper two third</p>  <p>OD <input type="checkbox"/> OS <input type="checkbox"/></p> <p>Alignment dots are in good position</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><i>*If near vision is poor, control</i></p> <p>The translation</p> <p>OD <input type="checkbox"/> OS <input type="checkbox"/></p> <p>Good <input type="checkbox"/> <input type="checkbox"/> </p> <p>Poor <input type="checkbox"/> <input type="checkbox"/></p>	<p><b>3 Movement</b></p> <p>OD OS</p> <p>Quick <input type="checkbox"/> <input type="checkbox"/></p> <p>Slow <input type="checkbox"/> <input type="checkbox"/></p> <p><b>4 Movement change</b></p> <p>OD OS</p> <p>Low <input type="checkbox"/> <input type="checkbox"/></p> <p>Normal <input type="checkbox"/> <input type="checkbox"/></p> <p>Excessive <input type="checkbox"/> <input type="checkbox"/></p> <p><b>5 Wettability</b></p> <p>OD OS</p> <p>Good <input type="checkbox"/> <input type="checkbox"/></p> <p>Poor <input type="checkbox"/> <input type="checkbox"/></p> <p><b>6 Fluorescein pattern</b></p> <p>OD OS</p> <p>Steep <input type="checkbox"/> <input type="checkbox"/></p> <p>Optimal <input type="checkbox"/> <input type="checkbox"/></p> <p>Flat <input type="checkbox"/> <input type="checkbox"/></p> 
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Usual position of the head : Normal  Head up  Head down

Bottom of pupil / Lower Lid : OD OS