

MOONLENS[®] Evaluation Form

BY KATT DESIGN GROUP

Account #: _____ Contact Name: _____

Phone #: _____ Patient Name: _____

	OD	OS
Baseline Details		
Target Rx		
Patient Description	<input type="checkbox"/> Adult <input type="checkbox"/> Child	<input type="checkbox"/> Adult <input type="checkbox"/> Child
VID/Pupil Size	_____mm/_____mm	_____mm/_____mm
Lens Details		
Parameters	BC: _____ RCD: _____/_____ AZA: _____/_____ OAD: _____mm	BC: _____ RCD: _____/_____ AZA: _____/_____ OAD: _____mm
Visit	<input type="checkbox"/> Dispense <input type="checkbox"/> 1 day <input type="checkbox"/> _____week/s <input type="checkbox"/> _____month/s	<input type="checkbox"/> Dispense <input type="checkbox"/> 1 day <input type="checkbox"/> _____week/s <input type="checkbox"/> _____month/s
Time of Visit	_____AM/PM	_____AM/PM
VA with Lens	20/	20/
Refraction Over Lens	VA 20/	VA 20/
VA without Lens	20/	20/
Residual MRX	VA 20/	VA 20/
Fit Analysis		
Fluorescein Assessment: manually center lens if necessary	Central Applanation: <input type="checkbox"/> Round <input type="checkbox"/> Oval ≥ 3mm: <input type="checkbox"/> Yes <input type="checkbox"/> No SPK: <input type="checkbox"/> Yes <input type="checkbox"/> No AZA: <input type="checkbox"/> Distinct 360° Alignment <input type="checkbox"/> Indistinct Areas of Alignment Edge: <input type="checkbox"/> Tight <input type="checkbox"/> Acceptable <input type="checkbox"/> Excessive	Central Applanation: <input type="checkbox"/> Round <input type="checkbox"/> Oval ≥ 3mm: <input type="checkbox"/> Yes <input type="checkbox"/> No SPK: <input type="checkbox"/> Yes <input type="checkbox"/> No AZA: <input type="checkbox"/> Distinct 360° Alignment <input type="checkbox"/> Indistinct Areas of Alignment Edge: <input type="checkbox"/> Tight <input type="checkbox"/> Acceptable <input type="checkbox"/> Excessive
Comfort	<input type="checkbox"/> Acceptable Unacceptable: <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acceptable Unacceptable: <input type="checkbox"/> Constant <input type="checkbox"/> Intermittent
Topography Findings: Upload tangential map to artoptical.com/order-online for assistance	Centration: <input type="checkbox"/> Centered <input type="checkbox"/> Superior <input type="checkbox"/> Inferior <input type="checkbox"/> Lateral Treatment Ring: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	Centration: <input type="checkbox"/> Centered <input type="checkbox"/> Superior <input type="checkbox"/> Inferior <input type="checkbox"/> Lateral Treatment Ring: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete