

Customer number/Name	Patient ref:
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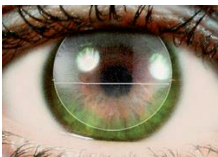

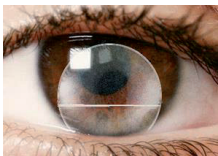


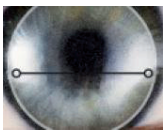
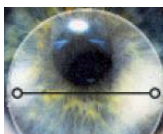
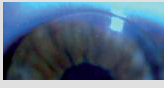

First trial lenses parameters

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>1 Lens position looking straight ahead</p> <p>High riding position</p>  <p style="text-align: right;">OD <input type="checkbox"/> OS <input type="checkbox"/></p> <p>Lens rests on the lower eyelid</p>  <p style="text-align: right;">OD <input type="checkbox"/> OS <input type="checkbox"/></p> <p>Lens slips under the lower lid marginal</p>  <p style="text-align: right;">OD <input type="checkbox"/> OS <input type="checkbox"/></p> <p>Lens rests on the lower eyelid located below the limbus</p>  <p style="text-align: right;">OD <input type="checkbox"/> OS <input type="checkbox"/></p>	<p>2 Alignment dots position</p> <p>Alignment dots are in the upper two third</p>  <p style="text-align: right;">OD <input type="checkbox"/> OS <input type="checkbox"/></p> <p>Alignment dots are in good position</p>  <p style="text-align: right;">OD <input type="checkbox"/> OS <input type="checkbox"/></p> <p>Alignment dots are located under the pupil</p>  <p style="text-align: right;">OD <input type="checkbox"/> OS <input type="checkbox"/></p> <p style="color: red;">*If near vision is poor, control</p> <p>The translation</p> <p style="text-align: right;">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>3 Movement</p> <p style="text-align: right;">OD OS</p> <p>Quick <input type="checkbox"/> <input type="checkbox"/></p> <p>Slow <input type="checkbox"/> <input type="checkbox"/></p> <p>4 Movement change</p> <p style="text-align: right;">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>5 Wettability</p> <p style="text-align: right;">OD OS</p> <p>Good <input type="checkbox"/> <input type="checkbox"/></p> <p>Poor <input type="checkbox"/> <input type="checkbox"/></p> <p>6 Fluorescein pattern</p> <p style="text-align: right;">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> 
<p>Usual position of the head : Normal <input type="checkbox"/> Head up <input type="checkbox"/> Head down <input type="checkbox"/></p>		
<p>Bottom of pupil / Lower Lid : OD <input type="checkbox"/> OS <input type="checkbox"/></p>		