

RX CHECK

For use when reviewing patients with adaptation difficulties

Patient Name: Date Today: / /

Last Exam Date: / / Order Date: / / Order Ref:

- Presenting Problem: Distance blur Intermed/VDU blur Near blur All distances blur
 Reading too close Reading too far Reading too high Reading too low
 Vision distorted Vision sloped/tilted Vision discomfort Frame discomfort
 Needs to lower chin to see distance Needs to raise chin to see computer

Other...

Rx Prescribed:	OD:		x	Add	Prism	PD
	OS:		x	Add	Prism	PD
Comment						Prescriber

Rx Verified:	Habitual				This Order			
• Supply Date	/ /				/ /			
• Lens Type								
• Lens Coating								
• Lensometry OD:			x				x	
OS:			x				x	
Add	+				+			
Δ	B In/Out		B Up/Dn		B In/Out		B Up/Dn	
• PD Measured	D	N	R	L	D	N	R	L
• Cross Height	R	↑	L	↑	R	↑	L	↑
• Rel to Pupil Ctr	R ±	L ±			R ±	L ±		
• Base Curve	D				D			
• Vertex Distance	mm				mm			
• Pantoscopic Tilt	°				°			
• Frame Wrap	°				°			

- Action Required: Verified Accurate Lens Power Issue PD Issue Height Issue
 Base Curve Issue Lens Type Issue Other Issue:
 Remake Required Consult Required Adjust Required Review: days

Other Comments:

Reviewed By: