

STUDENT NAME: \_\_\_\_\_

STUDENT ID (OAC) \_\_\_\_\_

No. \_\_\_\_\_

# CONTACT LENS FITTING LOG SHEET

Date:

Patient Name or Reference No.

General Information:

Medical History:

Medications:

General Observations:

Worn Contacts Previously:

Condition of Lids:

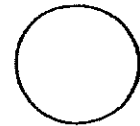
Tears:

Palpebral Fissure:

Converted Lid:

Vessels, Scars or marks:

Please diagram



Original K-readings:

Spectacle Rx:

OD:

OD:

OS:

OS:

Add:

Lenses to be Ordered:

B.C.

Diameter

Power

Other Information (p/curves, etc.)

OD:

OS:

Recheck Date:

Average Wearing Time:

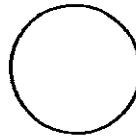
Patient Comments:

CL Observations:

Visual Acuity: OD:

OS:

Diagram any Abnormalities:



Please record any changes in usage or lenses you recommend:

2nd K-readings:

OD:

OS:

Any further follow-up, please record: (use other side of page if required)

# ADDITIONAL INFORMATION

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Supervisor's Signature

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Student's Signature

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Date: