



OPTICIAN EYEWEAR FIT and PRESCRIPTION VERIFICATION REPORT

PATIENT: _____

DATE: ___/___/___ OPTICIAN: _____

OLD/CURRENT EYEWEAR LENSOMETRY

	SPHERE	CYLINDER	AXIS	ADD	PRISM	SEG HT	PD	VA DIST	VA NEAR
OD								20/	20/
OS								20/	20/

NEW EYEWEAR LENSOMETRY VS. PRESCRIBED

	SPHERE	CYLINDER	AXIS	ADD	PRISM	SEG HT	PD	VA DIST	VA NEAR
OD LENSOMETRY								20/	20/
OS LENSOMETRY								20/	20/
OD PRESCRIBED									
OS PRESCRIBED									

CURRENT VS. NEW EYEWEAR MEASUREMENTS

	A	B	DBL	VERTEX	WRAP	PANTO	BC
OLD/CURRENT							
NEW							

MEASUREMENT	POWER RANGE	ANSI TOLERANCE
SPHERE, CYLINDER, ADD POWER	$\geq 0.00 D, \leq \pm 6.50 D > \pm 4.50 D$	$\pm 0.13 D \pm 2\%$
CYLINDER AXIS	$> 0.00 D, \leq 0.25 D$ $> 0.25 D, \leq 0.50 D$ $> 0.50 D, \leq 0.75 D$ $> 0.75 D, \leq 1.50 D$ $> 1.50 D$	$\pm 14^\circ \pm 7^\circ$ $\pm 5^\circ \pm 3^\circ \pm 2^\circ$
VERTICAL SEGMENT HEIGHT		$\pm 1.0 \text{ mm each}$

Frame Fit to Patient Satisfaction

Digital Measurement Verification