**Patient's name** : **age**: **sex**:

**Auto ref:** OD:

OS:

**k-reading :** OD :

OS :

**Fitting Cls :**

**Ocular parameters**:

HVID : OD: mm OS: mm-

**Slit lamp evaluation** for OD :

Eye lashes:

Eyelid:

Cornea:

Conjunctiva:

**Initial CL :**

**Brand name :**

|  |  |  |  |
| --- | --- | --- | --- |
| BC | power | Dia |  |
|  |  |  | OD |
|  |  |  | OS |

**Trial lens:**

**Brand name :**

|  |  |  |  |
| --- | --- | --- | --- |
| BC | power | Dia |  |
|  |  |  | OD |
|  |  |  | OS |

**Slit lamp examination**: (for only)

centration:

coverage:

movement:

type of fitting :

**Over refraction :**

**Contact lens to be order as :**

**Brand name :**

|  |  |  |  |
| --- | --- | --- | --- |
| BC | power | Dia |  |
|  |  |  | OD |
|  |  |  | OS |

**Instruction (for clean and wearing) :**

**Examiner** :

**ID:**