

Eyewear for Your Lifestyle

Please tell us about your lifestyle so that we can help design eyewear for your activities and visual needs. We will also be delighted to provide further information on any other visual interest you have.

If you would like information on the following, please check:

- | | |
|---|---|
| <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Vision Therapy |
| <input type="checkbox"/> Refractive Surgery | <input type="checkbox"/> Visually Related Learning Disabilities |
| <input type="checkbox"/> Occupational Lenses/Frames | <input type="checkbox"/> Free Eye Assessment for infants |
| <input type="checkbox"/> Sports Lenses/Frames | <input type="checkbox"/> Lazy- or Cross-Eye Treatment |
| <input type="checkbox"/> Lenses/Frames Advances | <input type="checkbox"/> Vision and Reading Problems |
| <input type="checkbox"/> Dry Eye Treatment | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Vision and Computers | <input type="checkbox"/> Cataract Care |
| <input type="checkbox"/> Sports Vision | <input type="checkbox"/> Retinal or Macular Disease |
| <input type="checkbox"/> Myopia Control | <input type="checkbox"/> Colored Contact Lenses |
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Are you interested in laser correction? Yes No

Do you work on a computer? Yes No

Are you sensitive to sunlight? Yes No

Does driving at night bother you? Yes No

Is preventative eye care important to you? Yes No

Please check off any special requirements you may have or any activities in which you engage.

Your Eyewear Needs:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Daily wear | <input type="checkbox"/> Sporty |
| <input type="checkbox"/> Dress-Up | <input type="checkbox"/> Reading Only |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Sunglasses that change |
| <input type="checkbox"/> Sunglasses | <input type="checkbox"/> Business |
| <input type="checkbox"/> Other | |

Occupational Needs:

- | | |
|---|---|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Protective Industrial |
| <input type="checkbox"/> Double Segment (high and low) | <input type="checkbox"/> Very Wide reading area |
| <input type="checkbox"/> Special Absorption (UV, laser) | <input type="checkbox"/> Special frames, Side Shields |

Hobbies You Enjoy:

- | | |
|--|--|
| <input type="checkbox"/> Home Workshop | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Stamp/Coin Collecting | <input type="checkbox"/> Drawing, Painting |

- Needlework, Knitting, etc.
- Bridge or other Card playing
- Other
- Reading Only
- Computers, Computer Games

Sports In Which You Participate:

- Racquetball, Tennis
- Boating
- Contact Sports – Football
- Jogging or Cycling
- Other
- Hunting, Shooting
- Skiing
- Golf
- Scuba, Swimming

To Be Completed by Doctor

Items to Discuss

- | | |
|--|--|
| <input type="checkbox"/> Single Vision Lenses | <input type="checkbox"/> Aspheric Plus Lenses |
| <input type="checkbox"/> Rx Sports Goggles | <input type="checkbox"/> Computer Glasses |
| <input type="checkbox"/> Flat Top Bifocal 25, 28, 35 | <input type="checkbox"/> Anti-Reflective Coating |
| <input type="checkbox"/> Rx Scuba Mask | <input type="checkbox"/> Sports Glasses |
| <input type="checkbox"/> Progressive No Line Bifocal | <input type="checkbox"/> Polarized Lenses |
| <input type="checkbox"/> Industrial Safety Glasses | <input type="checkbox"/> Shooting Glasses |
| <input type="checkbox"/> Trifocal | <input type="checkbox"/> Computer Tint |
| <input type="checkbox"/> Reading Glasses | <input type="checkbox"/> Hunting |
| <input type="checkbox"/> Occupational Double Bifocal | <input type="checkbox"/> Shooting Lenses <input type="checkbox"/> Yellow |
| <input type="checkbox"/> Half Eyes | <input type="checkbox"/> Amber |
| <input type="checkbox"/> Computer Trifocal | <input type="checkbox"/> Fishing Glasses |
| <input type="checkbox"/> Readables | <input type="checkbox"/> Polycarbonate Lenses |
| <input type="checkbox"/> Ultraviolet Filter | <input type="checkbox"/> Sewing Glasses |
| <input type="checkbox"/> Sunglasses with UV | <input type="checkbox"/> Photochromatic Lenses |
| <input type="checkbox"/> Hi-Index Plastic | <input type="checkbox"/> Special Tints |
| <input type="checkbox"/> Non-prescription Sunglasses | <input type="checkbox"/> Industrial Safety Glass Lenses |
| | <input type="checkbox"/> Back-up Spectacles |

Recommendations

1. _____
2. _____
3. _____

Recommended by: _____ O.D.

