

## ***Clinical Vision Evaluation Form***

*To provide you with the best vision possible, we need to know a little more about you. Please fill in the blanks below regarding your vision needs.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Are you having Vision difficulties at:  Work  School  Play  Other \_\_\_\_\_

Occupation: \_\_\_\_\_ List your favorite hobbies: \_\_\_\_\_

### ***When spending time?***

Outdoors	Any concerns with:	<input type="checkbox"/> Glare	<input type="checkbox"/> Sunlight	<input type="checkbox"/> Safety	<input type="checkbox"/> Health
Driving	Any concerns with:	<input type="checkbox"/> Glare	<input type="checkbox"/> Sunlight	<input type="checkbox"/> Night vision	
Playing sports	Any concerns with:	<input type="checkbox"/> Safety	<input type="checkbox"/> Sunlight	<input type="checkbox"/> Durability	
Computer / TV	Any concerns with:	<input type="checkbox"/> Glare	<input type="checkbox"/> Eyestrain	<input type="checkbox"/> Focus	

Are your eyes sensitive to sunlight?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Do you currently have sunglasses?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Interested
Do you currently wear contact lenses?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> Interested
If you wear contact lenses do you have glasses?	<input type="checkbox"/> yes	<input type="checkbox"/> no	

### ***If you currently wear glasses, what would you change about them?***

<input type="checkbox"/> Style	<input type="checkbox"/> More comfort	<input type="checkbox"/> Thinner Lenses	<input type="checkbox"/> Safer	<input type="checkbox"/> Lenses that Change Color
<input type="checkbox"/> Sun protection	<input type="checkbox"/> Less Glare	<input type="checkbox"/> More durable	<input type="checkbox"/> Invisible Bifocal	

---

## ROUTINE VISION EXAMINATION VS. MEDICAL EYE HEALTH EXAMINATION

PLEASE INDICATE BELOW WHICH VISIT YOU PREFER FOR TODAY

\_\_\_\_\_ - ROUTINE VISION EXAMINATION TODAY

I UNDERSTAND THAT THIS WILL BE FOR PRESCRIPTION GLASSES AND/OR CONTACT LENSES ONLY. IN THE EVENT A MEDICAL CONDITION IS DETECTED I WOULD PREFER TO RETURN BACK TO THE OFFICE FOR FURTHER TREATMENT.

\_\_\_\_\_ - MEDICAL/ ROUTINE VISION EXAMINATION PERFORMED TODAY

I UNDERSTAND THAT THIS WILL BE FOR PRESCRIPTION GLASSES AND/OR CONTACT LENSES AND IF THERE ARE ANY MEDICAL CONDITIONS DETECTED, I WISH TO HAVE THE DOCTOR PERFORM SPECIALITY TESTING DEEMED NECESSARY. I UNDERSTAND THAT THIS WILL BE BILLED TO MY MEDICAL INSURANCE, SUBJECT TO MY SPECIALISTS CO-PAYMENT, AND MAY ALSO BE SUBJECT TO APPLICABLE DEDUCTIBLE OR CO-INSURANCE.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

# Your Personalized Visual Solution

Name \_\_\_\_\_

Date \_\_\_\_\_

## LENS STYLE

Comfortable Vision at all distances

**Progressive (No-Line)**

Varilux@X-Fit  
Easiest to adapt  
Best overall visual comfort  
Most Advanced Technology Available

**Lined Bifocal**

200 year old technology  
Difficult to see mid-range  
Useful in some circumstances

**Eyezen™ Anti-fatigue**

Enhanced near vision  
Added Blue Light filter  
Ideal for near intensive tasks

**Single Vision Lens**

One power throughout lens

**Computer RX (Progressive)**

Mid-range RX in top  
Added near power for reading  
No need to tilt head to see screen

## NO-GLARE

Best possible vision, Best cosmetic appearance, Provides overall visual comfort

**Premium No-Glare (Crizal®Sapphire 360)**

Most Advanced Technology Available  
Best Clarity/Best Scratch Resistance  
Easiest to Clean

**Standard No-Glare (Crizal® Easy/ Sharpview)**

Great Clarity/Good Scratch Resistance  
Not as easy to clean as premium choices

**Blue Light Blocker No Glare (Previncia®)**

Added Blue light blocking  
Great for computer and phone screens  
Has a slight purple reflection

## LENS MATERIAL

Impacts weight, safety, and overall comfort and cosmetics of lens

**Ultra High Index**

Thinnest/most light weight  
Best for higher prescriptions

**High Index**

Thinner / More light weight  
Better for Higher prescriptions

**Polycarbonate**

Most impact resistant  
Thin and lightweight  
Often the choice for sports/safety

**Trivex**

Good Impact Resistance  
Great for drill mounts

## LENS COLOR

Comfortable vision whether inside or outside, all day convenience, UV and Blue Light protection

**Clear**

Lacks UV or Blue Light protection

**Transitions®**

Almost completely clear inside  
Moderately dark outside  
Fastest changing from light to dark  
Added Blue light and UV protection

**Transitions® Xtractive**

Darkest outside  
Some darkening even behind windshield  
Slight tint inside  
Added Blue light and UV protection

**Transitions® Vantage**

Polarized to reduce glare and enhance vision  
Slight tint inside and behind windshield  
Longest time to change from light to dark  
Added Blue light and UV protection

## YOUR SUNWEAR SOLUTION

Comfort, Protection, and you'll look cool too.

**Polarized RX**

Most clarity/ reduces reflected glare  
Best choice for driving and anything on water  
Maximum UV protection

**Non-Polarized RX**

UV Protection  
Wide selection of colors and coatings  
Not as effective for glare off pavement or water

**Polarized Plano (no RX)**

Can be worn over Contact Lenses  
Great for driving and water sports  
Wide selection of styles /Maximum UV Protection

**Xperio Colors**

Polarized sun protection SPF 50  
No-Glare vision clarity  
Easy Cleaning / Scratch resistant durability

## ADDITIONAL RECOMMENDATIONS

---



---