

Eyewear for Your Lifestyle

Lifestyle dispensing has been created to help us design eyewear for all 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"/> Infant Vision Care |
| <input type="checkbox"/> Sports Lenses/Frames | <input type="checkbox"/> Lazy eye 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 |

- | | |
|---|--|
| Are you interested in laser correction (LASIK)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you work on a computer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you sensitive to sunlight? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does driving at night bother you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is preventative eye care important to you? | <input type="checkbox"/> Yes <input type="checkbox"/> 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"/> Business | <input type="checkbox"/> Dress Up | <input type="checkbox"/> Sporty |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Reading Only | <input type="checkbox"/> Sunglasses | <input type="checkbox"/> Sunglasses That Change |
| <input type="checkbox"/> Other | | | |

Occupational Needs

- | | | |
|--|--|--|
| <input type="checkbox"/> Computer Terminal | <input type="checkbox"/> Protective Industrial | <input type="checkbox"/> Double Segment (high and low) |
| <input type="checkbox"/> Very Wide Segment | <input type="checkbox"/> Special | <input type="checkbox"/> Special Absorption Frames, Side Shields |
| <input type="checkbox"/> Other | | |

Hobbies You Enjoy

- | | | |
|--|---|---|
| <input type="checkbox"/> Home workshop | <input type="checkbox"/> Needlework, Knitting, Etc. | <input type="checkbox"/> Stamp or Coin Collecting |
| <input type="checkbox"/> Bridge/Card Playing | <input type="checkbox"/> Driving | <input type="checkbox"/> Drawing, Painting |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Reading Only | <input type="checkbox"/> Other |

Sports In Which You Participate

- | | | | |
|---|--|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Racquetball | <input type="checkbox"/> Scuba, swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Boating |
| <input type="checkbox"/> Hunting, Shooting | <input type="checkbox"/> Contact Sports | <input type="checkbox"/> Skiing | <input type="checkbox"/> Football |
| <input type="checkbox"/> Jogging or Cycling | <input type="checkbox"/> Golf | <input type="checkbox"/> Other | |

Patient _____ Date _____

To Be Completed by Doctor

Items to Discuss / $\sqrt{\quad}$ to Recommend

- | | |
|--|---|
| <input type="checkbox"/> Single Vision Lenses | <input type="checkbox"/> HyperIndex 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"/> Amber |
| <input type="checkbox"/> Half Eyes | <input type="checkbox"/> Fishing Glasses |
| <input type="checkbox"/> Computer Trifocal | <input type="checkbox"/> Sewing Glasses |
| <input type="checkbox"/> Readables | <input type="checkbox"/> Industrial Safety Glass Lenses |
| <input type="checkbox"/> Ultraviolet Filter | <input type="checkbox"/> Photochromatic Lenses / Transition _____ |
| <input type="checkbox"/> Sunglasses with UV | <input type="checkbox"/> Special Tints |
| <input type="checkbox"/> Plastic | <input type="checkbox"/> Polycarbonate Lenses |
| <input type="checkbox"/> High index _____ | <input type="checkbox"/> Non Rx Sunglasses |
| <input type="checkbox"/> Back-up Glasses | |

Recommendations

1. _____

2. _____

3. _____

Recommended by: _____ O.D.