



## Optometry Department

### OPTO 433 Contact Lens Clinics (2)

# Clinical Logbook

**Student Name:**.....

**Student No.:**.....

**Semester**..... **Year**...../.....

## **Course description (OPTO 433, Contact lens clinics 2)**

In this clinical course, the student is required to continue to examine (and fill in case reports for) a minimum of ten routine patients (five each for regular soft and regular hard lenses) a week during the semester in the internal and external contact lens (CL) clinics run by the optometry department. The student is expected to attain proficiency in fitting, evaluation and follow-up patients who require soft or hard CLs.

It is important for student to revise and apply all previous knowledge and techniques that he/she has taken in in contact lens courses as well as the relevant courses and be ready for any CL related subject and/or technique.

**N.B. Please note that the student must obtain a signature from the clinical supervisor/ assessor at the end of each clinical session as shown in this logbook.**

### **Successful Clinical Criteria:**

The following criteria/ skills are expected to be demonstrated by the student:

- A. Provide a clear explanation to the patient about the purpose and nature of the CL fitting/ investigations that are being carried out.
- B. Ability to use slit lamp to assess anterior and posterior eye structure and provide a written record of the structures examined in a clear and logical manner.
- C. Ability to insert and remove all types of soft and hard (RGP) contact lenses.
- D. Ability to assess contact lens fitting by using a various clinical techniques. Also, ability to record the findings in a clear and logical manner.

In case of CL aftercare appointment, the student should be able to run all necessary aftercare assessments which may include:

- Taking a contact lens wear history in a structured and logical manner.
- Assessing the response of the eye to contact lens wear.
- Conducting a thorough slit-lamp examination with and without fluorescein.
- Running a lid eversion in a professional way.
- Carrying out keratometry and/or corneal topography.
- Demonstrating a suitable hygiene practices.

It is assumed that the student has a good anatomical knowledge of the following eye tissues: eye lids, bulbar conjunctiva, palpebral conjunctiva, sclera, blood vessel injection, cornea, corneal staining, anterior chamber, iris and pupil.

## **Attendance**

Attendance at all practical/clinical sessions for which the student is timetabled is compulsory. Punctuality is essential for the smooth running of all sessions. Arriving late or not being ready to see a patient will be counted as non-attendance. If you are unable to attend a clinic, the clinic supervisor must be informed without delay. Also, **if you do not attend a clinic you will need to write the reason in the logbook and attach a supporting evidence or document.**

Please note that the student should always have student ID card, pen and clinic logbook in all sessions. If the student is not happy with the evaluation results, he/she should contact the course leader to sort out the issue. The logbook may be inspected at any time by the course leader.

At the end of the semester, it is preferred for the course leader to have a student's feedback on the whole course. Therefore, each student is encouraged to send his/her feedback via e-mails or letters to the course leader or to the head of the department.

## **Behaviour**

The student will be conducting various aspects of contact lens fitting and evaluation on patient, therefore, proper care and attention must be given to him/her at all times. This requires that students act in a professional manner, not only when conducting an examination, but at any time during the clinical sessions.

Professional conduct includes, but is not limited to:

1. Respect of other people.
2. Good manners.
3. Respect of clinic and hospital utilities.

You should remember also that **all information regarding a patient is confidential** and the patient's sheet or file is a confidential document which must not for any reason, be removed from the clinic or discussed outside the clinic.

## **Mobile phones**

As a courtesy to patients, students may not make or take phone calls in clinics and mobile phones should be switched off or turned on silent mode.

## **Name badges**

Name badges must be worn in all clinics.

## **Professional dress code**

The student who wears inappropriate dress will be asked to leave the clinics. Students are expected to display a mature professional appearance, and to observe professional

guidelines for cleanliness, appropriate hair style and dress (including clean and polished shoes). Moreover, when examining patients, student should be well turned-out with a high standard of personal hygiene. Fingernails should be kept clean and short. Hands should be washed before and after examining each patient.

## **Supervision**

Supervisor will be responsible for more than one student and thus not always immediately available. Supervisors will need to check and sign the student work on the completion of an examination. If, by the end of the visit, follow-up visit is needed, patient may be scheduled with the same student if possible.

Please note that the student is acting the role of optometrist and must exercise the same care and concern for the patient as is expected of graduated optometrist.

## **Recommended textbooks**

1. Clinical Manual of contact lenses by E. Bennett 1994.
2. Contact lenses by A. Phillips, 2006.
3. Dictionary of optometry and visual science. M. Millodot, 2006

## Weekly Plan

Week	Topic	Notes
<b>1</b>	Introduction to OPTO 433	
<b>2</b>	Self-revision of case history for follow-up visit + Practice/clinic	In all practical/ clinical sessions, the student is expected to show proficiency in fitting and managing patients who require soft or hard CLs.
<b>3</b>	Self-revision of CL fitting evaluation +Practice/clinic	
<b>4</b>	Self-revision of slit-lamp examination of the whole eye + Practice/clinic	
<b>5</b>	Self-revision of detailed slit-lamp examination of the cornea + Practice/clinic	
<b>6</b>	Practice/clinic	
<b>7</b>	Self-revision of detailed slit-lamp examination of the conjunctiva + Practice/clinic	
<b>8</b>	Self-revision of patient education (care system)	
<b>9</b>	Students' presentation on CL fitting cases	
<b>10</b>	Practice/clinic	
<b>11</b>	Practice/clinic	
<b>12</b>	Students' presentation on CL fitting cases	
<b>13</b>	Practice/clinic	
<b>14</b>	<b>Final revision</b>	
<b>15</b>	<b>Final practical &amp; oral exams</b>	

## Course Assessment

Task	Grade
Midterm practical exam	20 %
Students' Presentation 1	5 %
Students' Presentation 2	5 %
50 Reports + Clinical Evaluation	30 %
Final Practical & Oral Exams	40 %
Total	100 %

**IMPORTANT:** At the end of the semester, please submit this Log Book to the course leader for marking.

## Student's Activities Record

The activities that student has attended or participated in during the semester which may be considered as part of the course e.g. clinical workshops, clinical lectures, vision screening campaign ...etc.

Date	Activity	Supervisor name and signature



## Recommended organization of eye examination

<b>Anterior Segment</b>	<b>R</b>	<b>L</b>
	(clean, full, debris, anomalies) – lashes	(clean, full, debris, anomalies)
	(clean, debris, scales, chalazion, ectropian) – lids	(clean, debris, scales, chalazion, ectropian)
	(smooth, pink/red, pinguecula, quiet) – conjunctiva	(smooth, pink/red, pinguecula, quiet)
	(quiet, optically empty, cells, hypopyon) – anterior chamber	(quiet, optically empty flare, hypopyon)
	(white, blue/yellow patch) – sclera	(white, blue/yellow patch)
	(clear, Arcus senilis, opacities, vessels) – cornea	(clear, Arcus senilis, opacities, vessels)
	(colour, clear, naevi, pigment loss, iridotomy) – iris	(colour, clear, naevi, pigment loss, iridotomy)
	(clear, cataract [type]) – lens	(clear, cataract [type])

**Optometry clinic**  
**Contact Lens Fitting and Evaluation forms**



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Optometry Clinic – Contact Lens Fitting Form

Date: ...../...../.....

Patient's Name: ..... File No.: ..... Age: ..... Sex: .....

Chief Complaint: .....

Ocular History : .....

Contact Lens History:.....

General History / Medication: .....

Family History / Medication: .....

Unaided Vision ( VA )

VA with Pinhole

VA with correction

OD :

OD:

OD:

OS:

OU:

OS:

OS:

Previous/Current Rx (Spectacle):

Date: .....

OD :

VA :

PD (Glasses) :

OS :

VA :

Near ADD :

Near VA :

Previous/Current CLs:

OD: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

OS: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

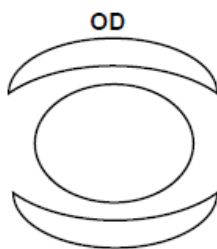
Keratometry: OD:..... mm @ .....      ..... mm @ .....

OS:..... mm @ .....      ..... mm @ .....

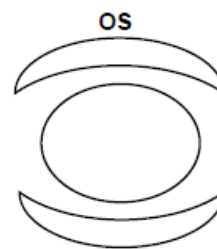
HVID OD/OS..... mm      Lid Tension OD/OS:    Tight [ ]    Normal [ ]    Loose [ ]

Pupil Size OD/OS:    Ambient illumination ..... mm    Low illumination ..... mm

Anterior Segment Examination:



- Lids/Lashes -
- Cornea -
- Conjunctiva -
- Anterior chamber -
- Iris -



Dry eye Test:

Contact Lens Fitting

Trail 1

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Vertical Lens Movement: ..... mm

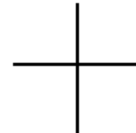
Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....

Impression:.....



Trail 2

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Central [ ] Superior [ ] Inferior [ ] Nasal [ ] Temporal [ ]

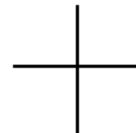
Vertical Lens Movement: ..... mm

Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....



Over-Refracton (OR)

OD : VA :

OS : VA :

Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA

Impression (Diagnosis):.....

Plan: .....

Student Name & Signature : .....

Supervisor's Name & Signature: .....

Comments:.....



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Family History / Medication: .....

Unaided Vision ( VA )

VA with Pinhole

VA with correction

OD :

OD:

OD:

OS:

OU:

OS:

OS:

Previous/Current Rx (Spectacle):

Date: .....

OD :

VA :

PD (Glasses) :

OS :

VA :

Near ADD :

Near VA :

Previous/Current CLs:

OD: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

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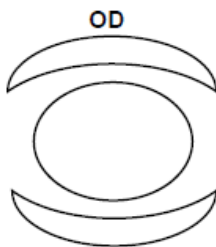
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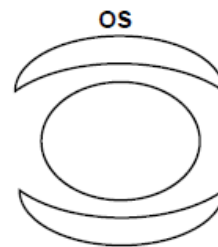
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Anterior Segment Examination:



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Dry eye Test:

Contact Lens Fitting

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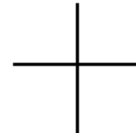
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Flourecein patterns: OD:.....

OS:.....

Impression:.....



Trail 2

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

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Coverage:

Centration:

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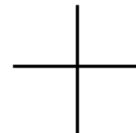
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Over-Refraction (OR)

OD : VA :

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Final Rx					OS				
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Unaided Vision ( VA )

VA with Pinhole

VA with correction

OD :

OD:

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OS:

OS:

Previous/Current Rx (Spectacle):

Date: .....

OD :

VA :

PD (Glasses) :

OS :

VA :

Near ADD :

Near VA :

Previous/Current CLs:

OD: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

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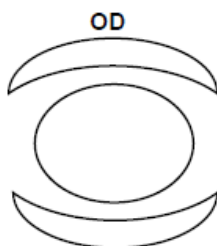
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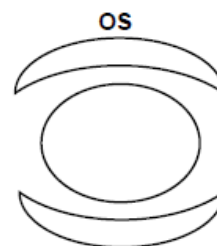
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Anterior Segment Examination:



- Lids/Lashes -
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Dry eye Test:

**Contact Lens Fitting**

**Trail 1**

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Coverage:

Centration:

Vertical Lens Movement: ..... mm

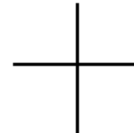
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Coverage:

Centration:

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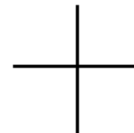
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**Over-Refraction (OR)**

OD : VA :

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Final Rx					OS				
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Patient's Name: ..... File No.: ..... Age: ..... Sex: .....

Chief Complaint: .....

Ocular History : .....

Contact Lens History:.....

General History / Medication: .....

Family History / Medication: .....

Unaided Vision ( VA )

VA with Pinhole

VA with correction

OD :

OD:

OD:

OS:

OU:

OS:

OS:

Previous/Current Rx (Spectacle):

Date: .....

OD :

VA :

PD (Glasses) :

OS :

VA :

Near ADD :

Near VA :

Previous/Current CLs:

OD: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

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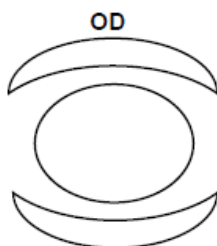
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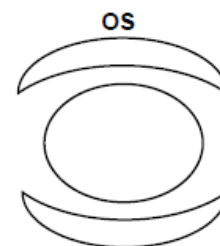
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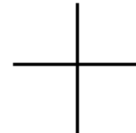
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Trail 2

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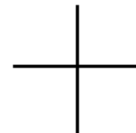
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Flourecein patterns: OD:.....

OS:.....



Over-Refraction (OR)

OD : VA :

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Final Rx					OS				
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Chief Complaint: .....

Ocular History : .....

Contact Lens History:.....

General History / Medication: .....

Family History / Medication: .....

Unaided Vision ( VA )

VA with Pinhole

VA with correction

OD :

OD:

OD:

OS:

OU:

OS:

OS:

Previous/Current Rx (Spectacle):

Date: .....

OD :

VA :

PD (Glasses) :

OS :

VA :

Near ADD :

Near VA :

Previous/Current CLs:

OD: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

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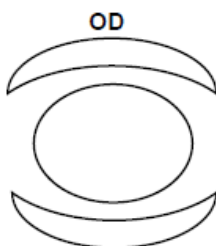
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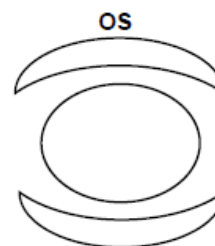
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Dry eye Test:

Contact Lens Fitting

Trail 1

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Coverage:

Centration:

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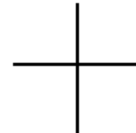
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Flourecein patterns: OD:.....

OS:.....

Impression:.....



Trail 2

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

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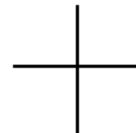
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Over-Refraction (OR)

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Final Rx					OS				
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Unaided Vision ( VA )

VA with Pinhole

VA with correction

OD :

OD:

OD:

OS:

OU:

OS:

OS:

Previous/Current Rx (Spectacle):

Date: .....

OD :

VA :

PD (Glasses) :

OS :

VA :

Near ADD :

Near VA :

Previous/Current CLs:

OD: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

OS: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

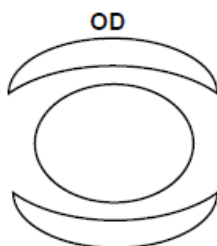
Keratometry: OD:..... mm @ .....      ..... mm @ .....

OS:..... mm @ .....      ..... mm @ .....

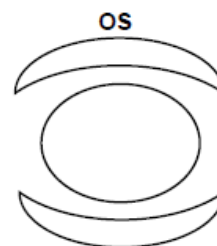
HVID OD/OS..... mm      Lid Tension OD/OS:    Tight [ ]    Normal [ ]    Loose [ ]

Pupil Size OD/OS: Ambient illumination ..... mm    Low illumination ..... mm

Anterior Segment Examination:



- Lids/Lashes -
- Cornea -
- Conjunctiva -
- Anterior chamber -
- Iris -



Dry eye Test:

Contact Lens Fitting

Trail 1

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Vertical Lens Movement: ..... mm

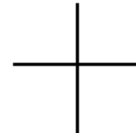
Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....

Impression:.....



Trail 2

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Central [ ] Superior [ ] Inferior [ ] Nasal [ ] Temporal [ ]

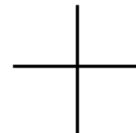
Vertical Lens Movement: ..... mm

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Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....



Over-Refraction (OR)

OD : VA :

OS : VA :

Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA

Impression (Diagnosis):.....

Plan: .....

Student Name & Signature : .....

Supervisor's Name & Signature: .....

Comments:.....



Optometry Clinic @ CAMS

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College of Applied Medical Sciences  
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**Optometry Clinic – Contact Lens Fitting Form**

Date: ...../...../.....

Patient's Name: ..... File No.: ..... Age: ..... Sex: .....

Chief Complaint: .....

Ocular History : .....

Contact Lens History:.....

General History / Medication: .....

Family History / Medication: .....

Unaided Vision ( VA )		VA with Pinhole	VA with correction
OD :		OD:	OD:
OS:	OU:	OS:	OS:

Previous/Current Rx (Spectacle): Date: .....

OD : VA : PD (Glasses) :  
OS : VA :  
Near ADD : Near VA :

Previous/Current CLs:

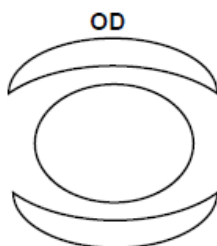
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Keratometry: OD:..... mm @ ..... mm @ .....  
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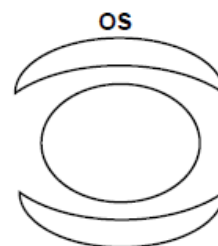
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Contact Lens Fitting

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Centration:

Vertical Lens Movement: ..... mm

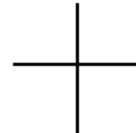
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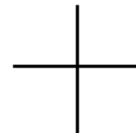
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Over-Refraction (OR)

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Final Rx					OS				
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Unaided Vision ( VA )

VA with Pinhole

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OU:

OS:

OS:

Previous/Current Rx (Spectacle):

Date: .....

OD :

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OS :

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Near ADD :

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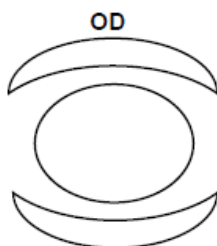
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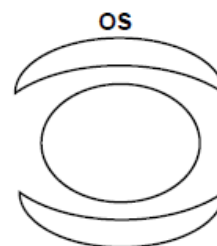
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**Contact Lens Fitting**

**Trail 1**

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Coverage:

Centration:

Vertical Lens Movement: ..... mm

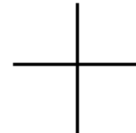
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Impression:.....



**Trail 2**

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

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Coverage:

Centration:

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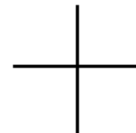
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**Over-Refraction (OR)**

OD : VA :

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Final Rx					OS				
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VA :

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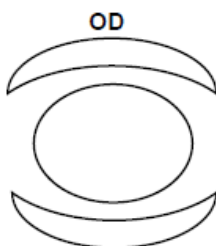
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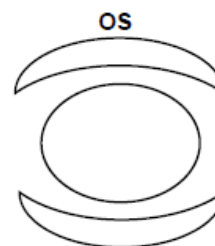
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Coverage:

Centration:

Vertical Lens Movement: ..... mm

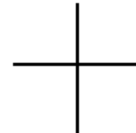
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Impression:.....



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Coverage:

Centration:

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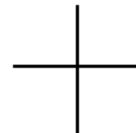
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Over-Refration (OR)

OD : VA :

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Final Rx					OS				
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Unaided Vision ( VA )

VA with Pinhole

VA with correction

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OD:

OD:

OS:

OU:

OS:

OS:

Previous/Current Rx (Spectacle):

Date: .....

OD :

VA :

PD (Glasses) :

OS :

VA :

Near ADD :

Near VA :

Previous/Current CLs:

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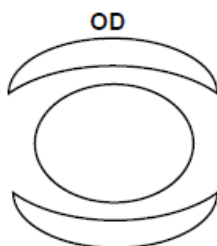
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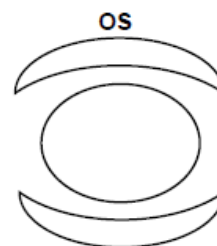
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**Contact Lens Fitting**

**Trail 1**

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

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Coverage:

Centration:

Vertical Lens Movement: ..... mm

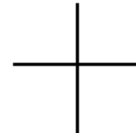
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**Trail 2**

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

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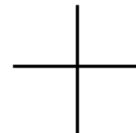
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**Over-Refration (OR)**

OD : VA :

OS : VA :

Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA

Impression (Diagnosis):.....

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Optometry Clinic – Contact Lens Fitting Form		

Date: ...../...../.....

Patient's Name: ..... File No.: ..... Age: ..... Sex: .....

Chief Complaint: .....

Ocular History : .....

Contact Lens History:.....

General History / Medication: .....

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Unaided Vision ( VA )	VA with Pinhole	VA with correction
OD :	OD:	OD:
OS:	OS:	OS:
OU:		

Previous/Current Rx (Spectacle): Date: .....

OD :	VA :	PD (Glasses) :
OS :	VA :	
Near ADD :	Near VA :	

Previous/Current CLs:

OD: Type:.....	BOZR (BC): .....	Diameter (D): .....	Power (D):.....	VA:.....
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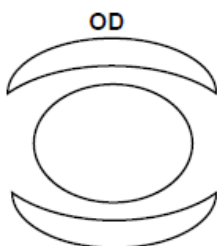
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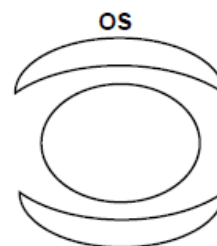
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**Contact Lens Fitting**

**Trail 1**

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Coverage:

Centration:

Vertical Lens Movement: ..... mm

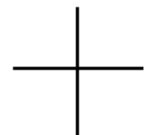
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**Trail 2**

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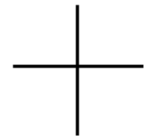
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OD : VA :

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Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA

Impression (Diagnosis):.....

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**Contact Lens Fitting**

**Trail 1**

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

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Centration:

Vertical Lens Movement: ..... mm

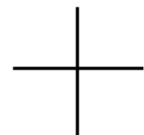
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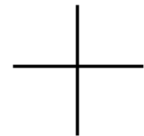
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**Over-Refraction (OR)**

OD : VA :

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Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA



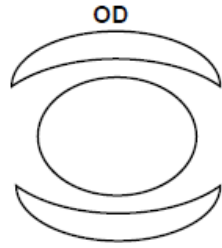
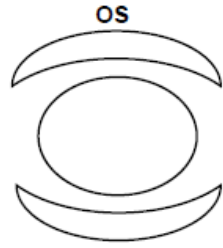
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OD :	OD:	OD:
OS:                      OU:	OS:	OS:
Previous/Current Rx (Spectacle):		Date: .....
OD :	VA :	PD (Glasses) :
OS :	VA :	
Near ADD :	Near VA :	
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OD: Type:.....	BOZR (BC): .....	Diameter (D): ..... Power (D):..... VA:.....
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Keratometry: OD:..... mm @ .....                      ..... mm @ .....		
OS:..... mm @ .....                      ..... mm @ .....		
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Anterior Segment Examination:		
OD 	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris -	OS 
Dry eye Test:		

Contact Lens Fitting

Trail 1

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Vertical Lens Movement: ..... mm

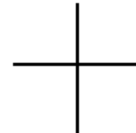
Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....

Impression:.....



Trail 2

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Central [ ] Superior [ ] Inferior [ ] Nasal [ ] Temporal [ ]

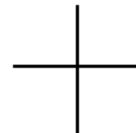
Vertical Lens Movement: ..... mm

Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....



Over-Refraction (OR)

OD : VA :

OS : VA :

Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA

Impression (Diagnosis):.....

Plan: .....

Student Name & Signature : .....

Supervisor's Name & Signature: .....

Comments:.....



Optometry Clinic @ CAMS

King Saud University  
College of Applied Medical Sciences  
Optometry Department



Optometry  
القسم البصريات وعلوم الرؤية  
Dept. of Optometry and Vision Sciences

**Optometry Clinic – Contact Lens Fitting Form**

Date: ...../...../.....

Patient's Name: ..... File No.: ..... Age: ..... Sex: .....

Chief Complaint: .....

Ocular History : .....

Contact Lens History:.....

General History / Medication: .....

Family History / Medication: .....

Unaided Vision ( VA )

VA with Pinhole

VA with correction

OD :

OD:

OD:

OS:

OU:

OS:

OS:

Previous/Current Rx (Spectacle):

Date: .....

OD :

VA :

PD (Glasses) :

OS :

VA :

Near ADD :

Near VA :

Previous/Current CLs:

OD: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

OS: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

Keratometry: OD:..... mm @ .....      ..... mm @ .....

OS:..... mm @ .....      ..... mm @ .....

HVID OD/OS..... mm

Lid Tension OD/OS:

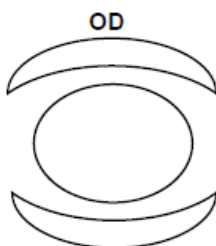
Tight [ ]

Normal [ ]

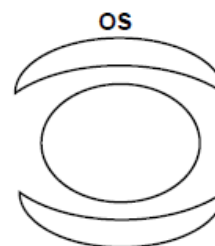
Loose [ ]

Pupil Size OD/OS: Ambient illumination ..... mm Low illumination ..... mm

Anterior Segment Examination:



- Lids/Lashes -
- Cornea -
- Conjunctiva -
- Anterior chamber -
- Iris -



Dry eye Test:

Contact Lens Fitting

Trail 1

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Vertical Lens Movement: ..... mm

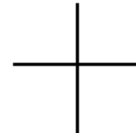
Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....

Impression:.....



Trail 2

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Central [ ] Superior [ ] Inferior [ ] Nasal [ ] Temporal [ ]

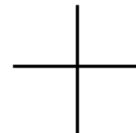
Vertical Lens Movement: ..... mm

Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....



Over-Refraction (OR)

OD : VA :

OS : VA :

Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA



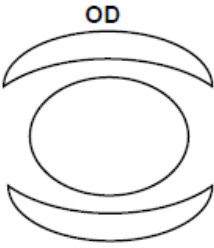
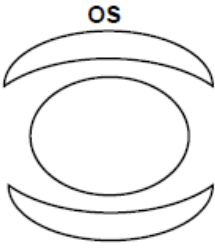
Impression (Diagnosis):.....

Plan: .....

Student Name & Signature : .....

Supervisor's Name & Signature: .....

Comments:.....

 <small>Optometry Clinic @ CAMS</small>	King Saud University College of Applied Medical Sciences Optometry Department	 البصريات Optometry القسم البصرييات وعلوم الرؤية Dept. of Optometry and Vision Sciences
Optometry Clinic – Contact Lens Fitting Form		
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Chief Complaint: .....		
Ocular History : .....		
Contact Lens History: .....		
General History / Medication: .....		
Family History / Medication: .....		
Unaided Vision ( VA )	VA with Pinhole	VA with correction
OD :	OD:	OD:
OS:                    OU:	OS:	OS:
Previous/Current Rx (Spectacle):		Date: .....
OD :	VA :	PD (Glasses) :
OS :	VA :	
Near ADD :	Near VA :	
Previous/Current CLs:		
OD: Type:.....	BOZR (BC): .....	Diameter (D): .....
	Power (D):.....	VA:.....
OS: Type:.....	BOZR (BC): .....	Diameter (D): .....
	Power (D):.....	VA:.....
Keratometry: OD:..... mm @ .....                    ..... mm @ .....		
OS:..... mm @ .....                    ..... mm @ .....		
HVID OD/OS..... mm	Lid Tension OD/OS:	Tight [ ]    Normal [ ]    Loose [ ]
Pupil Size OD/OS:    Ambient illumination ..... mm    Low illumination ..... mm		
Anterior Segment Examination:		
OD 	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris -	OS 
Dry eye Test:		

**Contact Lens Fitting**

**Trail 1**

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Vertical Lens Movement: ..... mm

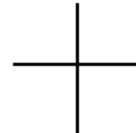
Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....

Impression:.....



**Trail 2**

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Central [ ] Superior [ ] Inferior [ ] Nasal [ ] Temporal [ ]

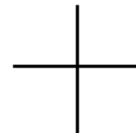
Vertical Lens Movement: ..... mm

Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....



**Over-Refraction (OR)**

OD : VA :

OS : VA :

Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA

Impression (Diagnosis):.....



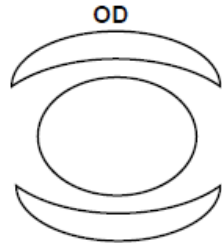
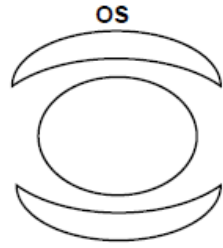
Plan: .....

Student Name & Signature : .....

Supervisor's Name & Signature: .....

Comments:.....



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Chief Complaint: ..... ..... Ocular History : ..... ..... Contact Lens History:..... ..... General History / Medication: ..... Family History / Medication: .....		
Unaided Vision ( VA )  OD :  OS:                   OU:	VA with Pinhole  OD:  OS:	VA with correction  OD:  OS:
Previous/Current Rx (Spectacle):		Date: .....
OD : OS : Near ADD :	VA : VA : Near VA :	PD (Glasses) :
Previous/Current CLs:		
OD: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....		
OS: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....		
Keratometry: OD:..... mm @ .....                   ..... mm @ ..... OS:..... mm @ .....                   ..... mm @ .....		
HVID OD/OS..... mm	Lid Tension OD/OS:	Tight [ ]    Normal [ ]    Loose [ ]
Pupil Size OD/OS: Ambient illumination ..... mm    Low illumination ..... mm		
Anterior Segment Examination:		
OD 	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris -	OS 
Dry eye Test:		

**Contact Lens Fitting**

**Trail 1**

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Vertical Lens Movement: ..... mm

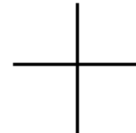
Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....

Impression:.....



**Trail 2**

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Central [ ] Superior [ ] Inferior [ ] Nasal [ ] Temporal [ ]

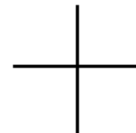
Vertical Lens Movement: ..... mm

Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....



**Over-Refraction (OR)**

OD : VA :

OS : VA :

Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA

Impression (Diagnosis):.....

Plan: .....

Student Name & Signature : .....

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Date: ...../...../.....

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General History / Medication: .....

Family History / Medication: .....

Unaided Vision ( VA )

VA with Pinhole

VA with correction

OD :

OD:

OD:

OS:

OU:

OS:

OS:

Previous/Current Rx (Spectacle):

Date: .....

OD :

VA :

PD (Glasses) :

OS :

VA :

Near ADD :

Near VA :

Previous/Current CLs:

OD: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

OS: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

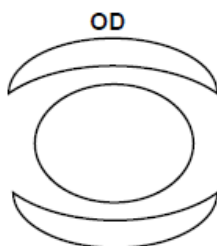
Keratometry: OD:..... mm @ .....      ..... mm @ .....

OS:..... mm @ .....      ..... mm @ .....

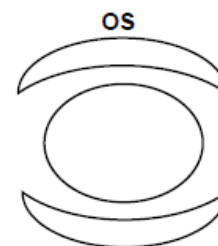
HVID OD/OS..... mm      Lid Tension OD/OS:    Tight [ ]    Normal [ ]    Loose [ ]

Pupil Size OD/OS: Ambient illumination ..... mm    Low illumination ..... mm

Anterior Segment Examination:



- Lids/Lashes -
- Cornea -
- Conjunctiva -
- Anterior chamber -
- Iris -



Dry eye Test:

**Contact Lens Fitting**

**Trail 1**

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Vertical Lens Movement: ..... mm

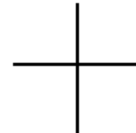
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Flourecein patterns: OD:.....

OS:.....

Impression:.....



**Trail 2**

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Central [ ] Superior [ ] Inferior [ ] Nasal [ ] Temporal [ ]

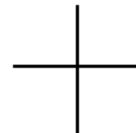
Vertical Lens Movement: ..... mm

Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....



**Over-Refraction (OR)**

OD : VA :

OS : VA :

Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA

Impression (Diagnosis):.....

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General History / Medication: .....

Family History / Medication: .....

Unaided Vision ( VA )

VA with Pinhole

VA with correction

OD :

OD:

OD:

OS:

OU:

OS:

OS:

Previous/Current Rx (Spectacle):

Date: .....

OD :

VA :

PD (Glasses) :

OS :

VA :

Near ADD :

Near VA :

Previous/Current CLs:

OD: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

OS: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

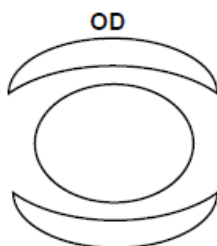
Keratometry: OD:..... mm @ .....      ..... mm @ .....

OS:..... mm @ .....      ..... mm @ .....

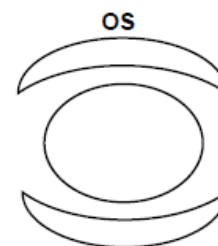
HVID OD/OS..... mm      Lid Tension OD/OS:    Tight [ ]    Normal [ ]    Loose [ ]

Pupil Size OD/OS: Ambient illumination ..... mm    Low illumination ..... mm

Anterior Segment Examination:



- Lids/Lashes -
- Cornea -
- Conjunctiva -
- Anterior chamber -
- Iris -



Dry eye Test:

**Contact Lens Fitting**

**Trail 1**

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Vertical Lens Movement: ..... mm

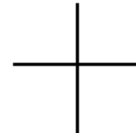
Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....

Impression:.....



**Trail 2**

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Central [ ] Superior [ ] Inferior [ ] Nasal [ ] Temporal [ ]

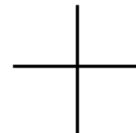
Vertical Lens Movement: ..... mm

Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....



**Over-Refraction (OR)**

OD : VA :

OS : VA :

Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA



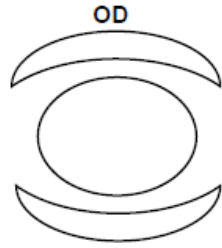
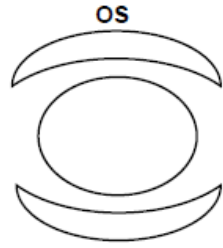
Impression (Diagnosis):.....

Plan: .....

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Date: ...../...../.....		
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Chief Complaint: .....		
Ocular History : .....		
Contact Lens History:.....		
General History / Medication: .....		
Family History / Medication: .....		
Unaided Vision ( VA ) OD : OS:                   OU:	VA with Pinhole OD: OS:	VA with correction OD: OS:
Previous/Current Rx (Spectacle):		Date: .....
OD :	VA :	PD (Glasses) :
OS :	VA :	
Near ADD :	Near VA :	
Previous/Current CLs:		
OD: Type:.....	BOZR (BC): .....	Diameter (D): ..... Power (D):..... VA:.....
OS: Type:.....	BOZR (BC): .....	Diameter (D): ..... Power (D):..... VA:.....
Keratometry: OD:..... mm @ .....                   ..... mm @ .....		
OS:..... mm @ .....                   ..... mm @ .....		
HVID OD/OS..... mm	Lid Tension OD/OS:	Tight [ ]    Normal [ ]    Loose [ ]
Pupil Size OD/OS: Ambient illumination ..... mm    Low illumination ..... mm		
Anterior Segment Examination:		
OD 	- Lids/Lashes - - Cornea - - Conjunctiva - - Anterior chamber - - Iris -	OS 
Dry eye Test:		

Contact Lens Fitting

Trail 1

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Vertical Lens Movement: ..... mm

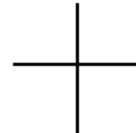
Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....

Impression:.....



Trail 2

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Central [ ] Superior [ ] Inferior [ ] Nasal [ ] Temporal [ ]

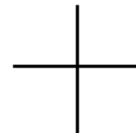
Vertical Lens Movement: ..... mm

Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....



Over-Refraction (OR)

OD : VA :

OS : VA :

Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA

Impression (Diagnosis):.....

Plan: .....

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Contact Lens History:.....

General History / Medication: .....

Family History / Medication: .....

Unaided Vision ( VA )

VA with Pinhole

VA with correction

OD :

OD:

OD:

OS:

OU:

OS:

OS:

Previous/Current Rx (Spectacle):

Date: .....

OD :

VA :

PD (Glasses) :

OS :

VA :

Near ADD :

Near VA :

Previous/Current CLs:

OD: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

OS: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

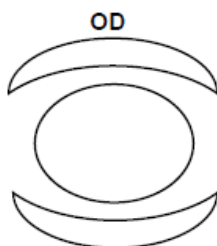
Keratometry: OD:..... mm @ .....      ..... mm @ .....

OS:..... mm @ .....      ..... mm @ .....

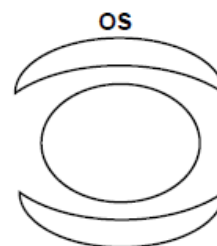
HVID OD/OS..... mm      Lid Tension OD/OS:    Tight [ ]    Normal [ ]    Loose [ ]

Pupil Size OD/OS: Ambient illumination ..... mm    Low illumination ..... mm

Anterior Segment Examination:



- Lids/Lashes -
- Cornea -
- Conjunctiva -
- Anterior chamber -
- Iris -



Dry eye Test:

Contact Lens Fitting

Trail 1

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Vertical Lens Movement: ..... mm

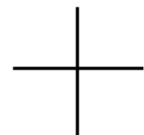
Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....

Impression:.....



Trail 2

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Central [ ] Superior [ ] Inferior [ ] Nasal [ ] Temporal [ ]

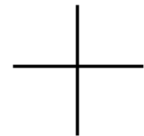
Vertical Lens Movement: ..... mm

Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....



Over-Refraction (OR)

OD : VA :

OS : VA :

Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA

Impression (Diagnosis):.....

Plan: .....

Student Name & Signature : .....

Supervisor's Name & Signature: .....

Comments:.....



Optometry Clinic @ CAMS

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Optometry  
القسم البصريات وعلوم الرؤية  
Dept. of Optometry and Vision Sciences

**Optometry Clinic – Contact Lens Fitting Form**

Date: ...../...../.....

Patient's Name: ..... File No.: ..... Age: ..... Sex: .....

Chief Complaint: .....

Ocular History : .....

Contact Lens History:.....

General History / Medication: .....

Family History / Medication: .....

Unaided Vision ( VA )

VA with Pinhole

VA with correction

OD :

OD:

OD:

OS:

OU:

OS:

OS:

Previous/Current Rx (Spectacle):

Date: .....

OD :

VA :

PD (Glasses) :

OS :

VA :

Near ADD :

Near VA :

Previous/Current CLs:

OD: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

OS: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

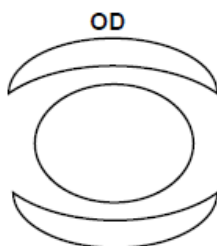
Keratometry: OD:..... mm @ .....      ..... mm @ .....

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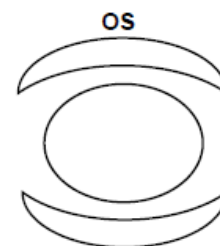
HVID OD/OS..... mm      Lid Tension OD/OS:    Tight [ ]    Normal [ ]    Loose [ ]

Pupil Size OD/OS: Ambient illumination ..... mm    Low illumination ..... mm

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Dry eye Test:

Contact Lens Fitting

Trail 1

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

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Coverage:

Centration:

Vertical Lens Movement: ..... mm

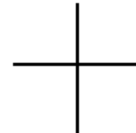
Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....

Impression:.....



Trail 2

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

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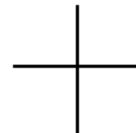
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Lag with eye movements: ..... mm

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Flourecein patterns: OD:.....

OS:.....



Over-Refraction (OR)

OD : VA :

OS : VA :

Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA

Impression (Diagnosis):.....

Plan: .....

Student Name & Signature : .....

Supervisor's Name & Signature: .....

Comments:.....



Contact Lens Fitting

Trail 1

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Vertical Lens Movement: ..... mm

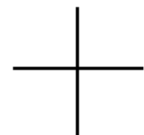
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Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....

Impression:.....



Trail 2

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

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Coverage:

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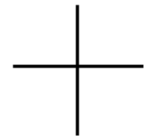
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Over-Refraction (OR)

OD : VA :

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Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA

Impression (Diagnosis):.....

Plan: .....

Student Name & Signature : .....

Supervisor's Name & Signature: .....

Comments:.....



Contact Lens Fitting

Trail 1

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Vertical Lens Movement: ..... mm

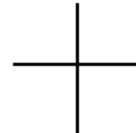
Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....

Impression:.....



Trail 2

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Central [ ] Superior [ ] Inferior [ ] Nasal [ ] Temporal [ ]

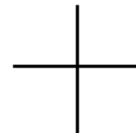
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Over-Refraction (OR)

OD : VA :

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Final Rx					OS				
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Date: ...../...../.....

Patient's Name: ..... File No.: ..... Age: ..... Sex: .....

Chief Complaint: .....

Ocular History : .....

Contact Lens History:.....

General History / Medication: .....

Family History / Medication: .....

Unaided Vision ( VA )

VA with Pinhole

VA with correction

OD :

OD:

OD:

OS:

OU:

OS:

OS:

Previous/Current Rx (Spectacle):

Date: .....

OD :

VA :

PD (Glasses) :

OS :

VA :

Near ADD :

Near VA :

Previous/Current CLs:

OD: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

OS: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

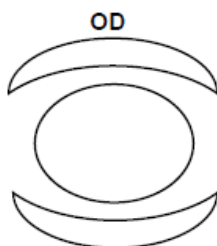
Keratometry: OD:..... mm @ .....      ..... mm @ .....

OS:..... mm @ .....      ..... mm @ .....

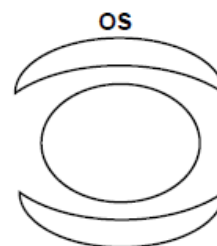
HVID OD/OS..... mm      Lid Tension OD/OS:    Tight [ ]    Normal [ ]    Loose [ ]

Pupil Size OD/OS: Ambient illumination ..... mm    Low illumination ..... mm

Anterior Segment Examination:



- Lids/Lashes -
- Cornea -
- Conjunctiva -
- Anterior chamber -
- Iris -



Dry eye Test:

Contact Lens Fitting

Trail 1

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Vertical Lens Movement: ..... mm

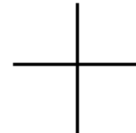
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Flourecein patterns: OD:.....

OS:.....

Impression:.....



Trail 2

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Central [ ] Superior [ ] Inferior [ ] Nasal [ ] Temporal [ ]

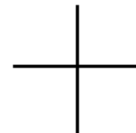
Vertical Lens Movement: ..... mm

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Flourecein patterns: OD:.....

OS:.....



Over-Refraction (OR)

OD : VA :

OS : VA :

Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA

Impression (Diagnosis):.....

Plan: .....

Student Name & Signature : .....

Supervisor's Name & Signature: .....

Comments:.....



Contact Lens Fitting

Trail 1

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Vertical Lens Movement: ..... mm

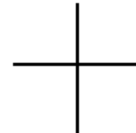
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Flourecein patterns: OD:.....

OS:.....

Impression:.....



Trail 2

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

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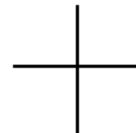
Vertical Lens Movement: ..... mm

Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....



Over-Refration (OR)

OD : VA :

OS : VA :

Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA



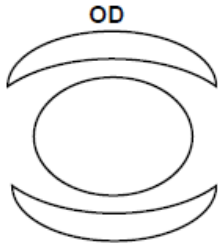
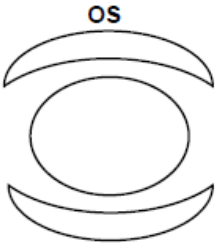
Impression (Diagnosis):.....

Plan: .....

Student Name & Signature : .....

Supervisor's Name & Signature: .....

Comments:.....

 Optometry Clinic @ CAMS	King Saud University College of Applied Medical Sciences Optometry Department	 البصريات Optometry القسم البصريّات وعلوم الرؤية Dept. of Optometry and Vision Sciences
Optometry Clinic – Contact Lens Fitting Form		
Date: ...../...../.....		
Patient's Name: ..... File No.: ..... Age: ..... Sex: .....		
Chief Complaint: ..... ..... Ocular History : ..... ..... Contact Lens History:..... ..... General History / Medication: ..... Family History / Medication: .....		
<b>Unaided Vision ( VA )</b>  OD : .....  OS: .....      OU: .....	<b>VA with Pinhole</b>  OD: .....  OS: .....	<b>VA with correction</b>  OD: .....  OS: .....
Previous/Current Rx (Spectacle): ..... Date: .....  OD : ..... VA : ..... PD (Glasses) : ..... OS : ..... VA : ..... Near ADD : ..... Near VA : .....		
<b>Previous/Current CLs:</b>  OD: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:..... OS: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....		
Keratometry: OD:..... mm @ .....      ..... mm @ ..... OS:..... mm @ .....      ..... mm @ .....  HVID OD/OS..... mm      Lid Tension OD/OS:    Tight [ ]    Normal [ ]    Loose [ ]  Pupil Size OD/OS: Ambient illumination ..... mm    Low illumination ..... mm		
<b>Anterior Segment Examination:</b>  <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  <p>OD</p> </div> <div style="text-align: center;"> <ul style="list-style-type: none"> <li>- Lids/Lashes -</li> <li>- Cornea -</li> <li>- Conjunctiva -</li> <li>- Anterior chamber -</li> <li>- Iris -</li> </ul> </div> <div style="text-align: center;">  <p>OS</p> </div> </div> <p>Dry eye Test:</p>		

Contact Lens Fitting

Trail 1

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Vertical Lens Movement: ..... mm

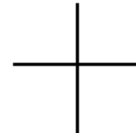
Lag with eye movements: ..... mm

Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

Flourecein patterns: OD:.....

OS:.....

Impression:.....



Trail 2

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

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Coverage:

Centration:

Central [ ] Superior [ ] Inferior [ ] Nasal [ ] Temporal [ ]

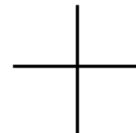
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Push Up Test (PUT): .....% (0 = very loose, 50 = optimum, 100 = immobile)

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Over-Refraction (OR)

OD : VA :

OS : VA :

Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA

Impression (Diagnosis):.....

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Contact Lens Fitting

Trail 1

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

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Coverage:

Centration:

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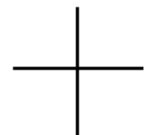
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Flourecein patterns: OD:.....

OS:.....

Impression:.....



Trail 2

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

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Coverage:

Centration:

Central [ ] Superior [ ] Inferior [ ] Nasal [ ] Temporal [ ]

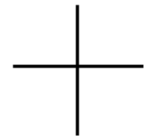
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OS:.....



Over-Refraction (OR)

OD : VA :

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Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA

Impression (Diagnosis):.....

Plan: .....

Student Name & Signature : .....

Supervisor's Name & Signature: .....

Comments:.....





**Contact Lens Fitting**

**Trail 1**

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Vertical Lens Movement: ..... mm

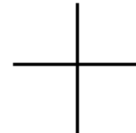
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Flourecein patterns: OD:.....

OS:.....

Impression:.....



**Trail 2**

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

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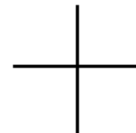
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OS:.....



**Over-Refraction (OR)**

OD : VA :

OS : VA :

Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA

Impression (Diagnosis):.....

Plan: .....

Student Name & Signature : .....

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Contact Lens Fitting

Trail 1

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

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Coverage:

Centration:

Vertical Lens Movement: ..... mm

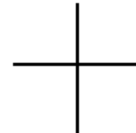
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Flourecein patterns: OD:.....

OS:.....

Impression:.....



Trail 2

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

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Coverage:

Centration:

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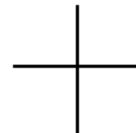
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Over-Refraction (OR)

OD : VA :

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Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA

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Trail 1

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

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Coverage:

Centration:

Vertical Lens Movement: ..... mm

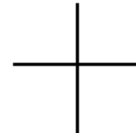
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OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

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Coverage:

Centration:

Central [ ] Superior [ ] Inferior [ ] Nasal [ ] Temporal [ ]

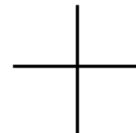
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Flourecein patterns: OD:.....

OS:.....



Over-Refration (OR)

OD : VA :

OS : VA :

Final Rx					OS				
Type	BC	Power	Diam	VA	Type	BC	Power	Diam	VA

Impression (Diagnosis):.....

Plan: .....

Student Name & Signature : .....

Supervisor's Name & Signature: .....

Comments:.....



Contact Lens Fitting

Trail 1

OD: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

OS: Type:..... BOZR (BC): ..... Diameter (D): .....Power (D):.....

Coverage:

Centration:

Vertical Lens Movement: ..... mm

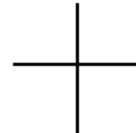
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Impression:.....



Trail 2

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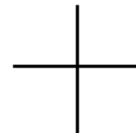
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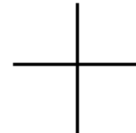
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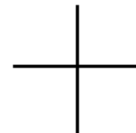
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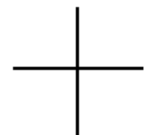
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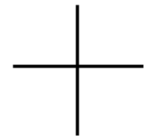
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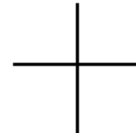
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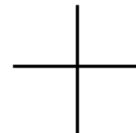
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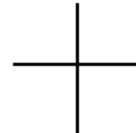
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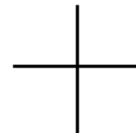
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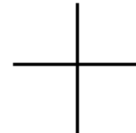
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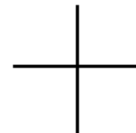
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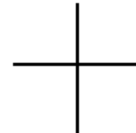
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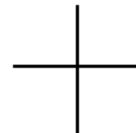
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**Contact Lens Fitting**

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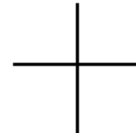
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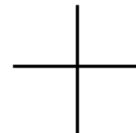
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**Contact Lens Fitting**

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Coverage:

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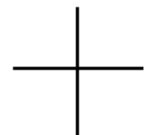
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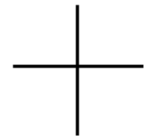
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Optometry Clinic @ CAMS

King Saud University  
College of Applied Medical Sciences  
Optometry Department



Optometry  
القسم البصريات وعلوم الرؤية  
Dept. of Optometry and Vision Sciences

**Optometry Clinic – Contact Lens Fitting Form**

Date: ...../...../.....

Patient's Name: ..... File No.: ..... Age: ..... Sex: .....

Chief Complaint: .....

Ocular History : .....

Contact Lens History:.....

General History / Medication: .....

Family History / Medication: .....

Unaided Vision ( VA )

VA with Pinhole

VA with correction

OD :

OD:

OD:

OS:

OU:

OS:

OS:

Previous/Current Rx (Spectacle):

Date: .....

OD :

VA :

PD (Glasses) :

OS :

VA :

Near ADD :

Near VA :

Previous/Current CLs:

OD: Type:..... BOZR (BC): ..... Diameter (D): ..... Power (D):..... VA:.....

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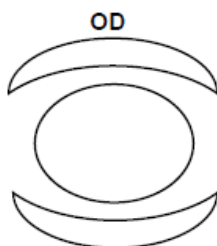
Keratometry: OD:..... mm @ .....      ..... mm @ .....

OS:..... mm @ .....      ..... mm @ .....

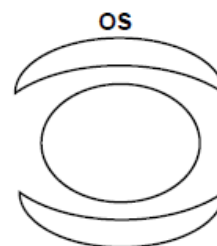
HVID OD/OS..... mm      Lid Tension OD/OS:    Tight [ ]    Normal [ ]    Loose [ ]

Pupil Size OD/OS: Ambient illumination ..... mm    Low illumination ..... mm

Anterior Segment Examination:



- Lids/Lashes -
- Cornea -
- Conjunctiva -
- Anterior chamber -
- Iris -



Dry eye Test:

Contact Lens Fitting

Trail 1

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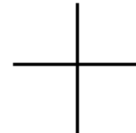
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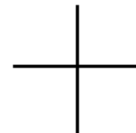
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**By the end of the semester**

**Please submit your completed logbook to the course leader for marking**

**Good luck**

..... End .....