Form A: USP Baseline Refraction

|  |  |
| --- | --- |
| Optometrist/Refractionist name:  |  |
| USP ID: |  |
| Gender: |  |
| Age: |  |

**USP Prescription**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Sph | Cyl | Axis | Near addition |
| Right |  |  |  |  |
| Left |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Distance | Near |
| Pupillary distance in mm |  |  |

**Corrected visual acuity (6/6 format including incomplete lines, e.g. 6/7.5+2)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Right Eye | Left Eye | Both Eyes |
| Distance |  |  |  |
| Near |  |  |  |

Near viewing distance in cm: \_\_\_\_\_\_\_\_\_

Based on the USP’s symptoms (unaided) and vision needs, would you prescribe spectacles?

[ ]  Yes [ ]  No

What types of spectacles would be suitable for this USP? (tick all that apply)

[ ]  Distance [ ]  Near [ ]  Bifocal [ ]  Multifocal / Progressive