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