

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