Form D: Assessment of Glasses

This form is to be completed by the study optometrist/refractionist when the USP returns with the ordered glasses

|  |  |
| --- | --- |
| USP ID: |  |
| Optical Service ID: |  |

**Type of spectacles** (tick all that apply):

Distance

Near

Bifocal

Multifocal / Progressive

No glasses were dispensed

**Visual acuity with dispensed glasses** (6/6 or 20/20 format including incomplete lines, e.g. 6/7.5+2)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Right eye** | **Left eye** | **Both eyes** |
| Distance |  |  |  |
| Near |  |  |  |

|  |  |
| --- | --- |
| Near viewing distance (in cm): |  |

With the glasses, does the USP experience any eye strain or discomfort with:

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Distance vision |  |  |
| Near vision |  |  |

|  |  |  |
| --- | --- | --- |
| **Focimetry – 1st pair** | **Right lens** | **Left lens** |
| Sph |  |  |
| Cyl |  |  |
| Axis |  |  |
| Near addition |  | |
| Vertical prism (in prism dioptres and direction) |  | |

|  |  |  |
| --- | --- | --- |
|  | **Distance glasses** | **Near glasses** |
| Lens centration distance (in mm) |  |  |

|  |  |  |
| --- | --- | --- |
| **Focimetry – 2nd pair** (if required) | **Right lens** | **Left lens** |
| Sph |  |  |
| Cyl |  |  |
| Axis |  |  |
| Near addition |  | |
| Vertical prism (in prism dioptres and direction) |  | |

|  |  |  |
| --- | --- | --- |
|  | **Distance glasses** | **Near glasses** |
| Lens centration distance (in mm) |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Did the USP collect a written prescription? |  |  |

|  |  |  |
| --- | --- | --- |
| **Written prescription** | **Right lens** | **Left lens** |
| Sph |  |  |
| Cyl |  |  |
| Axis |  |  |
| Near addition |  | |
| Horizontal prism (in prism dioptres and direction) |  | |
| Vertical prism (in prism dioptres and direction) |  | |

|  |  |  |
| --- | --- | --- |
|  | **Distance** | **Near** |
| Pupil (in mm) |  |  |