

Scleral Lenses Modification & Polish Form



Practice Name / Branch: _____

Patient Name: _____ Account #: _____

Declaration: I hereby declare that the enclosed lenses for the above patient are, to the best of my knowledge, suitable for human handling.

Signed: _____ Name: _____ Date: _____

(Tick) Material	Observations & Comments
<input type="checkbox"/> Harmony	<input type="checkbox"/> R
<input type="checkbox"/> XO	
<input type="checkbox"/> PMMA	<input type="checkbox"/> L
<input type="checkbox"/> Polish	
<input type="checkbox"/> Settle	
<input type="checkbox"/> Increase Edge Lift	
<input type="checkbox"/> Parameter Check / Modification	

Rx Adjustment

BC	DIA	Current Rx	Target Rx	Previously Modified	Resultant Rx	Initial

Comments

Order Receipt

Date:		Order No:	
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