

Eyewear for Your Lifestyle

Lifestyle dispensing has been created to help us design eyewear for all your activities and visual needs. We will also be delighted to provide further information on any other visual interest you have.

If you would like information on the following, please check:

- | | |
|---|---|
| <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Vision Therapy |
| <input type="checkbox"/> Refractive Surgery | <input type="checkbox"/> Visually Related Learning Disabilities |
| <input type="checkbox"/> Occupational Lenses/Frames | <input type="checkbox"/> Free Eye Assessment for 3-Year-Olds |
| <input type="checkbox"/> Sports Lenses/Frames | <input type="checkbox"/> Lazy- or Cross-Eye Treatment |
| <input type="checkbox"/> Lenses/Frames Advances | <input type="checkbox"/> Vision and Reading Problems |
| <input type="checkbox"/> Dry Eye Treatment | <input type="checkbox"/> Glaucoma |
| <input type="checkbox"/> Vision and Computers | <input type="checkbox"/> Cataract Care |
| <input type="checkbox"/> Sports Vision | <input type="checkbox"/> Retinal or Macular Disease |
| <input type="checkbox"/> Infant Vision Care | <input type="checkbox"/> Lectures and Workshops |
-

Are you interested in laser correction for nearsightedness? Yes No

Do you work on a computer? Yes No

Are you sensitive to sunlight? Yes No

Does driving at night bother you? Yes No

Is preventative eye care important to you? Yes No

Please check off any special requirements you may have or any activities in which you engage.

Your Eyewear Needs

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Business |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Sporty |
| | <input type="checkbox"/> Reading Only |

___Sunglasses

___Sunglasses
That Change

___Other

**Occupational
Needs**

___Computer Terminal

___Protective
Industrial

___Double Segment (high
and low)

___Very Wide
Segment

___Special Absorption
(UV, lasers)

___Special
Frames, Side
Shields

___Other

**Hobbies
You Enjoy**

___Home Workshop

___Needlework,
Knitting, Etc.

___Stamp or Coin
Collecting

___Bridge or
Other Card
Playing

___Driving

___Reading
Only

___Drawing, Painting

___Computers,
Computer
Games

___Other

**Sports In
Which You
Participate**

___Racquetball, Tennis

___Scuba,
Swimming

___Boating

___Hunting,
Shooting

___Contact Sports - Football

___Skiing

___Jogging or Cycling

___Golf

___Other

Patient _____ Date _____

To Be Completed by Doctor

Items to Discuss

- | | |
|--|---|
| <input type="checkbox"/> Single Vision Lenses | <input type="checkbox"/> HyperIndex Aspheric Plus Lenses |
| <input type="checkbox"/> Rx Sports Goggles | <input type="checkbox"/> Computer Glasses |
| <input type="checkbox"/> Flat Top Bifocal 25, 28, 35 | <input type="checkbox"/> Anti-Reflective Coating |
| <input type="checkbox"/> Rx Scuba Mask | <input type="checkbox"/> Sports Glasses |
| <input type="checkbox"/> Progressive No Line Bifocal | <input type="checkbox"/> Polarized Lenses |
| <input type="checkbox"/> Industrial Safety Glasses | <input type="checkbox"/> Shooting Glasses |
| <input type="checkbox"/> Trifocal | <input type="checkbox"/> Computer Tint |
| <input type="checkbox"/> Reading Glasses | <input type="checkbox"/> Hunting |
| <input type="checkbox"/> Occupational Double Bifocal | <input type="checkbox"/> Shooting Lenses <input type="checkbox"/> Yellow <input type="checkbox"/> Amber |
| <input type="checkbox"/> Half Eyes | <input type="checkbox"/> Fishing Glasses |
| <input type="checkbox"/> Computer Trifocal | <input type="checkbox"/> Polycarbonate Lenses |
| <input type="checkbox"/> Readables | <input type="checkbox"/> Sewing Glasses |
| <input type="checkbox"/> Ultraviolet Filter | <input type="checkbox"/> Photochromatic Lenses |
| <input type="checkbox"/> Sunglasses with UV | <input type="checkbox"/> Special Tints |
| <input type="checkbox"/> Hi-Index Plastic | <input type="checkbox"/> Industrial Safety Glass Lenses |
| <input type="checkbox"/> Non-prescription Sunglasses | <input type="checkbox"/> Back-up Spectacles |

Recommendations

1. _____

2. _____

3. _____

Recommended by: _____ O.D.