

Date:

Patient ID:

Orthokeratology Academy
of
America

**History:**

**K's**

	Central			Temporal		Mire Image	
	Horiz	Vert	Axis	Horiz	Axis	Distortion	
OD							
OS							

**Unaided Acuity:**

OD	20/	
OS	20/	

**Refraction:**

	Sph	Cyl	Axis	VA
OD:				20/
OS:				20/

**Diagnostic Lens:**

	BC	Dia	Pwr	Rev.	width	Alig	width	2 Alig	width	PC	width	Type
OD												
OS												

**Describe fitting characteristics of the diagnostic lenses:**

**Complete Specifications of Lens Prescribed:**

	BC	Dia	Pwr	Rev.	width	Alig	width	2 Alig	width	PC	width	Type
OD												
OS												

**Attach report for this patient. Guidelines can be found in the Fellowship Guidelines**

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**Subjective:**

**With CLs on:**

		Sph	Cyl	Axis	VA	
<b>Over Refraction:</b>	OD:	<input type="text"/>	<input type="text"/>	<input type="text"/>	20/	<input type="text"/>
	OS:	<input type="text"/>	<input type="text"/>	<input type="text"/>	20/	<input type="text"/>

**Fluorescein Pattern:**

	Base Curve	Reverse Curve	Alignment	Peripheral Curve
OD Zone	<input type="text"/>	Zone	Curve	Zone
OS Zone	<input type="text"/>	Zone	Curve	Zone

**Current CL:**

	Position	Movement
OD	<input type="text"/>	<input type="text"/>
OS	<input type="text"/>	<input type="text"/>

**CLs Removed:**

<input type="text"/>	<input type="text"/>	<b>Ago</b>	<b>Averaging wearing time</b>	<input type="text"/>	<input type="text"/>	<b>Per</b>	<input type="text"/>
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**K's**

	Central	Temporal	Mire Image
	Horiz Vert Axis	Horiz Axis	Distortion
OD	<input type="text"/>	<input type="text"/>	<input type="text"/>
OS	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Unaided Acuity:**

		20/	<input type="text"/>
OD	20/	<input type="text"/>	<input type="text"/>
OS	20/	<input type="text"/>	<input type="text"/>

**Refraction:**

		Sph	Cyl	Axis	VA	
OD:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	20/	<input type="text"/>
OS:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	20/	<input type="text"/>

**CL Verification:**

	BC	Dia	Pwr
OD	<input type="text"/>	<input type="text"/>	<input type="text"/>
OS	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Assessment and Plan:**

**New lenses if required**

	BC	Dia	Pwr	Rev.	width	Alig	width	2 Alig	width	PC	width	Type
OD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Instruction to Patient:**