

























# RECORD CARD

**Delivery/After-Care Visit #:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Patient** \_\_\_\_\_ **Lens Type:** Sph/ Toric/ Monovision/ Bifocal/ PAL/ Keratoconus/ Other

**Reason for Visit:** Lens Delivery: New/Replacement A/C: 1wk/2wk/1m/2m/3m/6m/Other/Emergency A/C & Delivery

<p><b>History</b> WTime Today _____ Usual WT _____ hours #days/wk _____                  Lens Series OD: _____ OS: _____                  Care System: _____ Rub/No-Rub _____                  Enzyme Yes No Eye Drops _____ am pm am/pm # times/day _____                  Lens Age OD _____ days/mths/yrs OS _____ days/mths/yrs  <b>Replacement Schedule</b> 1day/1wk/2wk/1m/3mth/6mth/1yr                  Vision Comfort Insertion/Removal Other                  C.C. _____</p> <p>inHealth/Medication(s)/Allergies? _____</p>	<p><b>Summary of Visit</b>                  Assessment Problems _____</p> <p>Plan _____</p> <p>Photos taken? Yes No</p> <p>Next Appointment Date: _____</p> <p>Next Visit: 3 months/ 6 months/ yearly</p> <p>Modifications:      OD                      OS</p> <p>Type _____</p> <p>BOZR _____</p> <p>BPR/W<sub>1</sub> _____</p> <p>BPR/W<sub>2</sub> _____</p> <p>BOZD _____</p> <p>TD _____</p> <p>BVP _____</p> <p>t<sub>c</sub> _____</p> <p>Other _____</p> <p>Change of Address/Phone #/Other: _____</p> <p>_____</p> <p>_____</p> <p><b>NOTES:</b></p> <p>Student: _____ (signature)</p> <p>Supervisor: _____ (signature)</p>																																																																							
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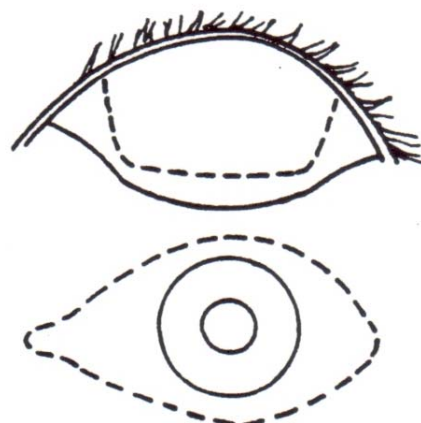
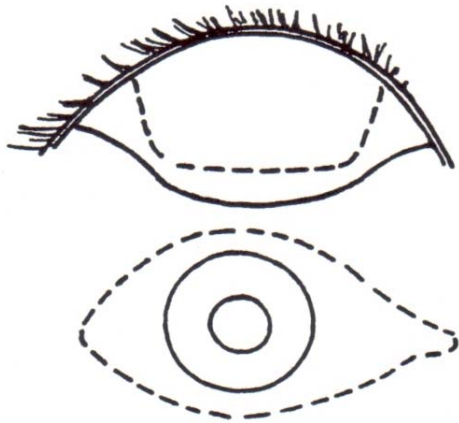
# Quantification of Slit-Lamp Observations

## Section A: Slit-Lamp Examination

<b>OD</b>	All Negative					All Negative				<b>OS</b>
Absent	Present				Corneal Striae	Absent	Present			
Grade	0	1	2	3	Corneal Oedema	Grade	0	1	2	3
Grade	0	1	2	3	Corneal Neovascularization	Grade	0	1	2	3
Grade	0	1	2	3	3 and/or 9 o'clock Corneal Staining	Grade	0	1	2	3
Grade	0	1	2	3	Other Corneal Staining	Grade	0	1	2	3
Grade	0	1	2	3	Epithelial Microcysts	Grade	0	1	2	3
Grade	0	1	2	3	Limbal Hyperaemia	Grade	0	1	2	3
Grade	0	1	2	3	Bulbar Hyperaemia	Grade	0	1	2	3
Grade	0	1	2	3	Bulbar Oedema	Grade	0	1	2	3
Grade	0	1	2	3	Tarsal Conjunctival Abnormalities	Grade	0	1	2	3
Grade	0	1	2	3	Tarsal Hyperaemia	Grade	0	1	2	3

## Section B: Other Anterior Segment Abnormalities

<b>OD</b>	All Absent				All Absent			<b>OS</b>
Instructions: If abnormalities are present, indicate cause(s) by checking appropriate box(es) and note location in diagram below.								
(1) Lens Related	(2) Solution Related	(3) Result of Other Factors (explain)			(1) Lens Related	(2) Solution Related	(3) Result of Other Factors (explain)	
_____	_____	_____			1. Blepharitis	_____	_____	
_____	_____	_____			2. Corneal Infiltrates	_____	_____	
_____	_____	_____			3. MGD	_____	_____	
_____	_____	_____			4. Corneal Ulceration Confirmed By Microbiological Culture	_____	_____	
_____	_____	_____			5. Other (explain) e.g. Iritis	_____	_____	



## Section C: Comments and Additional Tests

Pachymetry <b>OD</b> _____ Dominant Eye _____	<b>OS</b> _____ Non-Dominant Eye _____	Method _____ Method _____
Based on the <b>Progress Check / Delivery Visit</b> Record Card from the School of Optometry, <b>UWaterloo, CANADA</b>		