

**Patient Name:** \_\_\_\_\_

Baseline Measurements	OD	OS
Keratometry		
Rx		
HVID/Sag		
Corneal Condition		

Trial Lens	OD	OS
Settling Time		
B.C./Sag		
Power		

**Notes/Next Steps:** \_\_\_\_\_  
\_\_\_\_\_

**Fit Analysis/Fluorescein:** *(When performing optic section, white light is recommended.)*

	Central Clearance (CVZ)	Peripheral Clearance (PCZ)	Limbal Clearance (LLZ)	Scleral Landing (SLZ)	CLOCK POSITION:		Over Refraction
					Toric Hash Marks	Sag Indicator	
OD	um	um	um	um	OR		
OS	um	um	um	um			

**Additional Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_