LIONS VISION CLINIC 

 EYE EXAMINATION REPORT

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clinic Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B. \_\_\_\_\_\_/ \_\_\_\_\_\_/ \_\_\_\_\_\_ Age: \_\_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt: \_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: TX Zip: \_\_\_\_\_\_\_

Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

 **ACUITY SPHERE CYCL AXIS V/A MUSCLE FUNCTION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NO RX** | **OD** |  |  |  |  |  **NORMAL** |  |
|  | **OS** |  |  |  |  |  **ABNORMAL:**  | **\_\_\_\_\_\_\_\_\_\_\_** |
| **PRESENT RX** | **OD** |  |  |  |  | **EXTERNAL** |  |
|  | **OS** |  |  |  |  |  **NORMAL** |  |
| **RETINOSCOPY** | **OD** |  |  |  |  |  **ABNORMAL:**  | **\_\_\_\_\_\_\_\_\_\_\_** |
|  | **OS** |  |  |  |  | **FUNDI** |  |
| **REFRACTION** | **OD** |  |  |  |  |  **NORMAL** |  |
|  | **OS** |  |  |  |  |  **ABNORMAL:**  | **\_\_\_\_\_\_\_\_\_\_\_** |

 **ADD \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DIAGNOSIS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TREATMENT GLASSES (FULL TIME NEAR DISTANCE)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **DOCTOR’S SIGNATURE DOCTOR’S NAME (PRINT)**

**FRAME INFORMATION**

**SKU:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PD: R \_\_\_\_\_\_\_\_\_\_\_\_ OC: CHECK BOX**

**COLOR / SIZE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ L \_\_\_\_\_\_\_\_\_\_\_\_ SIG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**