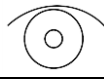
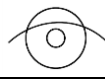
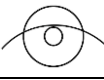
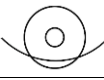
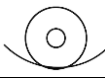
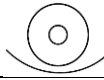
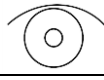
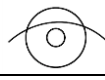
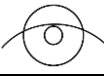
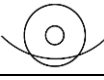
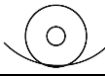
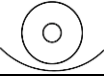


Measurements 1 st fitting					
Right eye					
Refraction	Sphere	Cylinder	Axis	Add power	VA
Vertex distance mm					
K-values					
Cornea diameter (HVID + 0.60 mm)					
Eyelid tension	<input type="checkbox"/> low	<input type="checkbox"/> normal	<input type="checkbox"/> high		
Eyelid fissure	<input type="checkbox"/> small	<input type="checkbox"/> normal	<input type="checkbox"/> large		
Position upper eyelid	<input type="checkbox"/> high 	<input type="checkbox"/> normal 	<input type="checkbox"/> low 		
Position lower eyelid	<input type="checkbox"/> high 	<input type="checkbox"/> normal 	<input type="checkbox"/> low 		
Cornea-scleral profile					

Left eye					
Refraction	Sphere	Cylinder	Axis	Add power	VA
Vertex distance mm					
K-values					
Cornea diameter (HVID + 0.60 mm)					
Eyelid tension	<input type="checkbox"/> low	<input type="checkbox"/> normal	<input type="checkbox"/> high		
Eyelid fissure	<input type="checkbox"/> small	<input type="checkbox"/> normal	<input type="checkbox"/> large		
Position upper eyelid	<input type="checkbox"/> high 	<input type="checkbox"/> normal 	<input type="checkbox"/> low 		
Position lower eyelid	<input type="checkbox"/> high 	<input type="checkbox"/> normal 	<input type="checkbox"/> low 		
Cornea-scleral profile					

Pupil diameter at room lighting	<input type="checkbox"/> small	<input type="checkbox"/> normal	<input type="checkbox"/> large		
Ocular dominance	<input type="checkbox"/> right	<input type="checkbox"/> left			
Vision priority	<input type="checkbox"/> distance	<input type="checkbox"/> computer	<input type="checkbox"/> reading		
Past lens type					

Lens Type	
Spheric	<input type="checkbox"/>
Toric	<input type="checkbox"/> Dynamic Stabilization <input type="checkbox"/> Prism Ballast
Multifocal	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	Right <input type="checkbox"/> CN <input type="checkbox"/> CD Left <input type="checkbox"/> CN <input type="checkbox"/> CD
COZ	Right Left

Material	
Classic	<input type="checkbox"/>
Excellent	<input type="checkbox"/>
Ultimate	<input type="checkbox"/>

Companyname and ID	
Reference	
Comments	