

Rx Troubleshooting Form

Patient Name _____ Date _____

Chief Complaint _____

Date Dispensed _____ Days of consistent wear _____ Place of Order _____

Details of Wear

Full Time
 Part Time
 PAL
 ComputerPAL
 Computer SV
 Eyezen
 Distance Only
 Near only

Measurements

Style/Fit of Frame
 Similar to previous pair
 Different, but not problematic
 Consider changing to _____

Type of SV/PAL
 Same as previous pair
 Different, but not problematic
 Consider changing to _____

Lens Material
 Same as previous pair
 Different, but not problematic
 Consider changing to _____

PAL/Digital SV
 Same as previous pair
 Different, but not problematic
 Consider changing to _____

Base Curve
 Same as previous pair
 Different, but not problematic
 Consider changing to _____

PD PD in lensometer: _____ PD old Rx: _____ PD ordered: _____

PD remeasured today: _____

Seg Height/OC Seg height/OC measured: _____ Seg height/OC ordered: _____

New Rx (directly from Lensometer):

Old Rx:

OD _____

OD _____

OS _____

OS _____

Is the Rx compensated from the lab?
 Yes
 No

Does the new Rx match the doctor's Rx in the patient record?
 Yes
 No

Additional Measurements/Adjustments (please check if acceptable)

Panto
 Face Form
 Vertex Distance
 Nose Pad Alignment

What's working (new to old): _____

Appointment scheduled:
 Yes
 No

Doctor scheduled with: _____