



Rx Troubleshooting Form

Patient Name _____ Date _____

Prescribing Doctor _____ Original Optician _____ Date Dispensed _____

Optician Today _____ Frame or other ID _____

Patient History:

New Rx directly from Lensometer:

Old Rx:

OD _____

OD _____

OS _____

OS _____

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

PD on new Rx directly from lensometer: _____ PD old Rx _____

PD ordered on new Rx _____ PD re-measured today by pupilometer only _____

Seg height as measured (spot segs) (new) _____

Seg height ordered (new) _____ Seg height re-measured today by Sharpie _____

BC (new) _____

BC (old) _____

Type of bifocal/PAL (new) _____

Type of bifocal/PAL (old) _____

OC if SV (new) _____

OC if SV (old) _____

If Digital-Compensated Rx

OD _____

OS _____

Frame Comparison (new to old): _____

Appointment scheduled with prescribing doctor? Yes No

Visual acuity comparison: (old, new BVA from exam, far, near, OD, OS):

Other action: