

VISIONARY Scleral Lens Fitting Check List

Visionary Account No.: _____ Invoice No.: _____ DATE: _____
 Patient Name: _____ Average Wear Time: _____
 Patient Eye Condition: _____

Scleral Lens Fitting Check List

OD LENS

OS LENS

Step 1) INITIAL LENS SELECTION

Base Curve/Power _____

Base Curve/Power _____

Fitting Set Lens No. _____

Fitting Set Lens No. _____

Step 2) LENS INSERTION & STABILIZATION

Inserted @ _____ AM/F

Inserted @ _____ AM/F

No Bubble Observed

No Bubble Observed

(Allow Lens to Stabilize for a minimum of 30 min.)

(NOTE: Expect lens to settle an additional 50 μ within 4 hours)

Step 3a) EVALUATE APICAL CLEARANCE

Centration _____

Centration _____

Central Clearance (μ) _____

Central Clearance (μ) _____

Step 3b) EVALUATE LIMBAL CLEARANCE

Ant Seg Scans @ _____ A

Ant Seg Scans @ _____ A

Clearance Pattern: (Slit Lamp or OCT)

Clearance Pattern: (Slit Lamp or OCT)

Superior (μ) _____

Superior (μ) _____

Nasal (μ) _____ Temporal (μ) _____

Nasal (μ) _____ Temporal (μ) _____

Inferior (μ) _____

Inferior (μ) _____

Step 3c) EVALUATE PERIPHERAL FIT

Etch Mark Locations _____

Etch Mark Locations _____

Conj Blanching (Location) _____

Conj Blanching (Location) _____

Impingement (Location) _____

Impingement (Location) _____

Edge Lift (Location) _____

Edge Lift (Location) _____

Step 4) FINAL POWER

SOR/SCOR: _____

SOR/SCOR: _____

Final Step) OVERALL EVALUATION

Comfort _____

Comfort _____

Lens Wetting _____

Lens Wetting _____

Fogging _____

Fogging _____

Debris / Protein Accumulation _____

Debris / Protein Accumulation _____



VISIONARY

info@visionarylens.com

800-488-2020