

Patient Name: _____ Date: _____ First Fit/Refit

Design: Prime Elite Elite-Prolate Aurora CS 20/20 (4 lite/2tight)

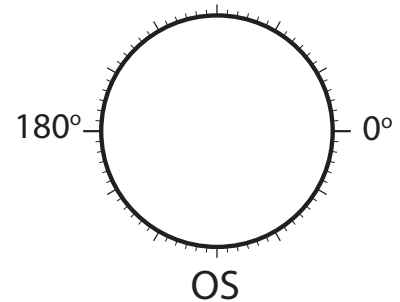
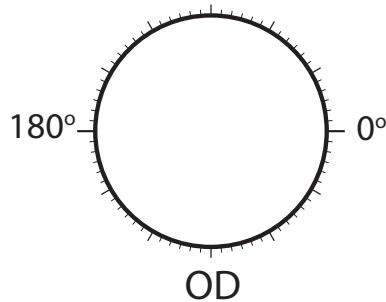
Lens Info					
	sagittal depth	base curve	power	diameter	AURORA only
OD					<input type="checkbox"/> D <input type="checkbox"/> N
OS					<input type="checkbox"/> D <input type="checkbox"/> N

Fitting Information				
	central vault	limbal clearance	landing zone	over-refraction
OD	<input type="text"/> μm	<input type="text"/>	<input type="checkbox"/> lift <input type="checkbox"/> aligned <input type="checkbox"/> impinged	<input type="text"/>
OS	<input type="text"/> μm	<input type="text"/>	<input type="checkbox"/> lift <input type="checkbox"/> aligned <input type="checkbox"/> impinged	<input type="text"/>

Laser Mark Orientation

(Elite & Aurora Only)

measure & mark rotation (right or left) from the 0/180° meridian



Notes	
OD	<input type="text"/>
OS	<input type="text"/>

Final Lens Order	
OD	<input type="text"/>
OS	<input type="text"/>

Order Date _____ Order Reference # _____ Consultant _____ Follow-up _____