KERASOFT IC®

ultravision CLPL
INNOVATION IN PRACTICE

Dynamic Assessment Form

Please ensure all shaded areas are completed and any additional information is entered into the comments area.

For Movement/Rotation/Centration/Comfort/Visual Acuity, please circle the relevant text.

Patient Name/Ref:

Account No:

Date:

Right Eye/Left Eye

Diagnostic Lens Parameters:					**Order No:**		
		Straight Ahead Gaze			**Upward Gaze**		
Mo	Movement	*<1.0mm*	*1.0mm- 2mm*	*>2.0mm*	*<1.0mm*	*1.0mm- 2mm*	*>2.0mm*
Ro	Rotation	*Amount:..... °*	*Clockwise*	*Counter-Clockwise*	*Amount:..... °*	*Clockwise*	*Counter-Clockwise*
		Stable	*Limited*	*Erratic Swing*	*Stable*	*Limited*	*Erratic Swing*
C	Centration	*Central*	*Decentred Inferior Superior*		*Central*	*Drops to Limbus*	*Drops below Limbus*

Co	Comfort	*Comfortable*	*Aware in 1 position*	*General Awareness*	*Other*
VA	Visual Acuity/ Over Rx	*VA.....*	*No Fluctuation After Blink*	*Clearer After Blink*	*Worse After Blink*
Over-Refraction (with Vertex Distance):					
Ordered Lens Parameters:					
Comments:					

Right Eye/Left Eye

Diagnostic Lens Parameters:					**Order No:**		
		Straight Ahead Gaze			**Upward Gaze**		
Mo	Movement	*<1.0mm*	*1.0mm- 2mm*	*>2.0mm*	*<1.0mm*	*1.0mm- 2mm*	*>2.0mm*
Ro	Rotation	*Amount:..... °*	*Clockwise*	*Counter-Clockwise*	*Amount:..... °*	*Clockwise*	*Counter-Clockwise*
		Stable	*Limited*	*Erratic Swing*	*Stable*	*Limited*	*Erratic Swing*
C	Centration	*Central*	*Decentred Inferior Superior*		*Central*	*Drops to Limbus*	*Drops below Limbus*

Co	Comfort	*Comfortable*	*Aware in 1 position*	*General Awareness*	*Other*
VA	Visual Acuity/ Over Rx	*VA.....*	*No Fluctuation After Blink*	*Clearer After Blink*	*Worse After Blink*
Over-Refraction (with Vertex Distance):					
Ordered Lens Parameters:					
Comments:					