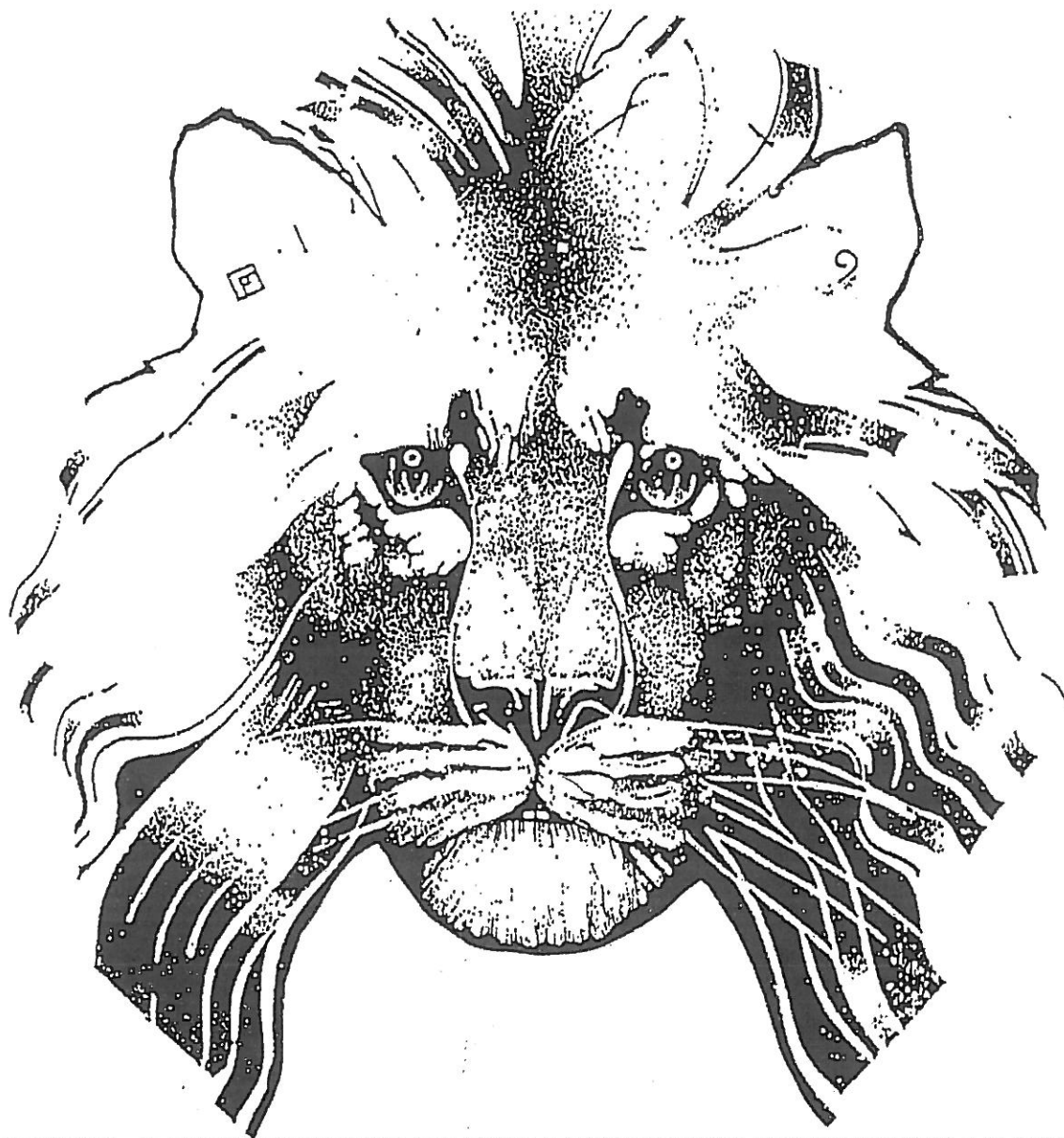


Project: Right To Sight, Inc.



TRAINING MANUAL

**Matching Prescriptions
to
Recycled Eyeglasses Stock**

DISTRICT 35-0 LIONS

Project: Right To Sight, Inc.

516 BIANCA COURT • ALTAMONTE SPRINGS, FLORIDA 32701

Susan J. Hudoba-Lewis

(407) 331-6256

EYEGASSES - PRESCRIPTIONS

DIOPTER "Diopter" is a unit of measuring the prescription of a lens. (Power of the lens in eyeglasses, lens in the eye, power of a contact lens, power of an intraocular lens implant, etc.)

Indicates the refractive power of a lens - to what extent a lens will bend light rays.

Eyeglasses - the dioptric power is indicated in "**quarter diopter**" (0.25) steps.

EXAMPLE: 0.25 0.50 0.75 1.00 1.25
1.50 1.75 2.00 2.25 2.50 etc.

SPHERE The first number indicated in an eyeglass prescription.
Example:

Some prescriptions will have only a sphere power indicated.

Indicates that the cornea of the patient's eye is round like the surface of a baseball.

PLANO Means the same as zero **0.00 Sphere**

CYLINDER The second number indicated in the eyeglass prescription.

The cylinder can be written in "PLUS" or "MINUS" Cylinder Form.

All of the eyeglasses in PRTS stock should be written in Minus Cylinder.

Example:

Note: If the prescription that you are filling is written in Plus Cylinder, it must be transposed into Minus Cylinder. To make this correction contact:
Lion Susan Lewis (407) 331-6256 or Ron Christopher (407) 234-4456

EYEGASSES - PRESCRIPTIONS

CYLINDER (continued) Indicates that the patient has "Astigmatism"...this means that the surface of the patient's cornea is more elliptical like the surface of a football. One meridian of the cornea is steeper than the meridian that is 90 degrees away. The refractive power of the lens required to correct this patient's vision will be a different power in each of these principal meridians.

AXIS Third number indicated in the prescription.
Example:

The axis indicates where the cylinder power must be ground onto the lens to accurately correct the patient's astigmatism.

ADD Indicates the power of the reading segment or bifocal in the lens.
Example:

NEARSIGHTED (MYOPIA) Indicated by a **MINUS SIGN (-)**
Written on the prescription before the Sphere Power

Example: -1.00 Sphere

FARSIGHTED (HYPEROPIA) Indicated by **PLUS SIGN (+)**
Written on the prescription before the Sphere Power

Example: +2.25 Sphere

EYEGASSES - PRESCRIPTIONS

RULES FOR PULLING PRESCRIPTIONS

SPHERE

Search in box with exact Sphere Power first.

(Remember: The eyeglasses are catalogued in the boxes according to the Sphere Power of the Right Lens.)

When Right Lens is correct, then check that Left Lens also matches prescription requested.

When an exact match cannot be found:

Try to stay within ± 0.50 of the requested prescription.

Example: Prescription = R +1.00 (Sphere)

Glasses with sphere between +0.50 thru +1.50 could be pulled.

CYLINDER

When an exact match cannot be found:

Try to stay within ± 0.50 of the requested prescription.

Example: Prescription = R +1.00 - 1.00

Glasses with a cylinder power from -0.50 thru - 1.50 could be pulled.

If cylinder power requested is -0.75 or less - the **Spherical Equivalent** could be pulled instead.

Example: Prescription = +1.00 -0.50

Add one half of the Cylinder power (-0.25) to the Sphere (+1.00)

+1.00 (Sphere)

-0.50 (Cylinder)

+0.50 SPERICAL EQUIVALENT

EYEGASSES - PRESCRIPTIONS

RULES FOR PULLING PRESCRIPTIONS

AXIS

The number of degrees of variance that are acceptable from the prescription depends on the power of the cylinder.

Cylinder Power Axis Variance

-1.00 or less	±15 degrees
-1.25 thru -2.50	±10 degrees
-2.75 or greater	±5 degrees

Example: Prescription = R +1.00-1.00 X 90

Glasses with a Cylinder Power of -1.00 and an axis between 75 thru 105 degrees could be pulled.

BIFOCAL

When an exact match cannot be found:

A bifocal add +0.25 or +0.50 stronger power could be pulled.

Example: Prescription = +1.00-1.00 X 90 **Add +1.50**

Glasses with a bifocal add of +1.75 or +2.00 could be pulled.

READING GLASSES ONLY

If the Distance Prescription requested is a Sphere of ±0.75 or any of the powers between (-0.75, -0.50, -0.25, Plano, +0.25, +0.50, +0.75) and

there is no cylinder power or the cylinder power is -0.25 or -0.50

The bifocal power could be added to the Sphere power and glasses for Reading Only given to the patient.

Example: Prescription = +0.50 -0.50 X 100 **Add +2.00**

+2.00 (Bifocal Add)

+0.50 (Sphere Power)

+2.50 Sphere - Reading Glasses Only

EYEGASSES - PRESCRIPTIONS

RULES FOR PULLING PRESCRIPTIONS

PUPILLARY DISTANCE (PD) Indicates the measurement in millimeters from the center of the cornea of one eye to the center of the cornea of the other eye.

Distance PD and Near PD

Measured both while the patient is looking in the distance and when looking at an object held at reading distance.

When an exact match cannot be found:

<u>Sphere Power</u>	<u>Pupillary Distance</u>
Plano Sphere thru ± 1.50	$\pm 5\text{mm}$
± 1.75 thru ± 3.00	$\pm 3\text{mm}$
± 3.25 or greater	$\pm 2\text{mm}$

Example: Prescription = R +2.00 - 0.50 X 145
L +1.75 - 0.75 X 90

PD (Distance) = 66

PD (Near) = 63

The PD noted on the eyeglass label will be Distance Measurement. Since the Sphere is +2.00 and +1.50, try to find a PD (Distance) that **falls between 63mm thru 60mm.**



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INSTRUCTION FOR SORTING RECYCLED EYEGLASSES

AFTER EYEGLASSES HAVE BEEN LABELED WITH THE PRESCRIPTION

The eyeglasses will be sorted into four main groups according to the prescription on the Right Lens:

Plus Power Single Vision - The first number of the Right Lens has a "+" sign in front of it and there is no bifocal in the lens.

Plus Power with a Bifocal - The first number of the Right Lens has a "+" sign in front of it and there is a bifocal in the lens.

Minus Power Single Vision - The first number of the Right Lens has a "-" sign in front of it and there is no bifocal in the lens.

Minus Power with a Bifocal - The first number of the Right Lens has a "-" sign in front of it and there is a bifocal in the lens.

Next the glasses will be grouped in the above mentioned four sections by the first number of the Right Lens in 0.25 increments.

Examples of Prescriptions on Right Lens - All of the eyeglasses listed below would be grouped together:

Glasses #1: +0.25 -1.00 X 85
Glasses #2: +0.25 -0.50 X 125
Glasses #3: +0.25 Sphere

The next section within this group of eyeglasses would have +0.50 as the first number on the Right Lens.



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The next section within this group of eyeglasses would have +0.75 as the first number on the Right Lens.

The next section within this group of eyeglasses would have +1.00 as the first number on the Right Lens.....followed by +1.25, +1.50, +1.75, +2.00, +2.25.....etc.

After the eyeglasses are sorted by group into the above sections, each section of eyeglasses should then be placed into a special box (also referred to as a "sleeve") For example, all of the single vision glasses that have a first number of -4.25 are placed into one sleeve/box. In another box are all of the bifocal eyeglasses that have a first number of +2.75. In another box are all of the bifocal eyeglasses that have a first number of -0.25.....etc.

When the first number on the right lens is 6.00 or greater there will not be very many of these eyeglasses. So all of the eyeglasses with a first number on the right lens of 6.00, 6.25, 6.50 and 6.75 would be placed into one sleeve/ box. All of the eyeglasses with a first number on the right lens of 7.00, 7.25, 7.50 and 7.75 would be placed into one. All of the eyeglasses with a first number of 8.00, 8.25, 8.50 and 8.75 would be placed into one box.....etc.

**Any questions regarding this sorting process can be directed to
Lion Susan Lewis at (407)331-6256.**

Thank you for your time and effort in preparing eyeglasses for this very important Sight Project.



Project: Right To Sight, Inc

(407) 296-2751 or (407) 331-6256

REFERRAL FORM

DATE OF REFERRAL: _____

PATIENT NAME: _____

EXAMPLE #1

AGE _____

SEX _____

ADDRESS: _____

CITY: _____

STATE _____

ZIP _____

TELEPHONE () _____

LENS/FRAMES SPECIFICATIONS

(if available) VA cc OD 20/ *20*
OS 20/ *25*

Rx	SPHERE	CYLINDER	AXIS	ADD
OD	<i>+0.50</i>			
OS	<i>+0.75</i>			

SINGLE VISION DISTANCE	
SINGLE VISION NEAR	

Estimated Eye Size _____ mm

PD(Distance) 63 mm

Estimated Eye Bridge Size (check one) narrow average broad

PD(Near) 60 mm

Facial Description (check one) narrow average broad

REFERRING EYE CARE PROFESSIONAL

NAME (Please Print) _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

TELEPHONE () _____

DOCTOR SIGNATURE _____

RELEASE FORM

NOTE: Please have patient sign this form BEFORE mailing to the Project Coordinator.

I understand that:

- The eyeglasses I will receive are used/recycled glasses collected through the District 35-0 Lions Club.
- The used/recycled glasses may not have the exact prescription determined by my Eye Doctor.
- I hereby release my Eye Care Professional, the Lions of District 35-0, and Lions International from any liability which may arise from breakage of the lenses or frame, or any change in my vision related to wearing these glasses.
- The used/recycled glasses and carrying case (when available) will be provided to me at **NO CHARGE** from either the referring Eye Care Professional or the Lions Clubs.
- The shape, style, material and color of the frame and lenses will be determined according to the available stock.

PATIENT SIGNATURE _____

DATE _____

WITNESS _____

DATE _____

Please mail completed form (copy 1 and copy 2) to:

Lion Susan Hudoba-Lewis
Project: Right to Sight, Inc.
 516 Blanca Court
 Altamonte Springs, FL 32701

FOR OFFICE USE ONLY

Date Referral Received _____

Date Glasses Mailed _____

Additional Comments _____

Eye Glass Case

Yes No

Completed By _____



Project: Right To Sight, Inc.

(407) 296-2751 or (407) 331-6256

REFERRAL FORM

DATE OF REFERRAL: _____

PATIENT NAME: Example #2 AGE _____ SEX _____
Last First MI

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

TELEPHONE () _____

LENS/FRAMES SPECIFICATIONS

(if available) VA cc OD 20/ 20
OS 20/ 30

Rx	SPHERE	CYLINDER	AXIS	ADD
OD	-0.75	-0.50	120	
OS	-0.50	-0.50	90	

SINGLE VISION DISTANCE	
SINGLE VISION NEAR	

Estimated Eye Size _____ mm

PD(Distance) 68 mm

Estimated Eye Bridge Size (check one) narrow average broad

PD(Near) 64 mm

Facial Description (check one) narrow average broad

REFERRING EYE CARE PROFESSIONAL

NAME (Please Print) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE () _____

DOCTOR SIGNATURE _____

RELEASE FORM

NOTE: Please have patient sign this form BEFORE mailing to the Project Coordinator.

I understand that:

- The eyeglasses I will receive are used/recycled glasses collected through the District 35-0 Lions Club.
- The used/recycled glasses may not have the exact prescription determined by my Eye Doctor.
- I hereby release my Eye Care Professional, the Lions of District 35-0, and Lions International from any liability which may arise from breakage of the lenses or frame, or any change in my vision related to wearing these glasses.
- The used/recycled glasses and carrying case (when available) will be provided to me at **NO CHARGE** from either the referring Eye Care Professional or the Lions Clubs.
- The shape, style, material and color of the frame and lenses will be determined according to the available stock.

PATIENT SIGNATURE _____ DATE _____

WITNESS _____ DATE _____

Please mail completed form (copy 1 and copy 2) to:

Lion Susan Hudoba-Lewis
Project: Right to Sight, Inc.
 516 Bianca Court
 Altamonte Springs, FL 32701

FOR OFFICE USE ONLY

Date Referral Received _____ Date Glasses Mailed _____

Additional Comments: _____ Eye Glass Case Yes No

Completed By _____



Project: Right To Sight, Inc.

(407) 296-2751 or (407) 331-6256

REFERRAL FORM

DATE OF REFERRAL: _____

PATIENT NAME: EXAMPLE #3 AGE _____ SEX _____
Last First M'

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

TELEPHONE () _____

LENS/FRAMES SPECIFICATIONS

(if available) VA cc OD 20/ 20
 OS 20/ 20

Rx	SPHERE	CYLINDER	AXIS	ADD
OD	-1.00	SPH.		
OS	PL			

SINGLE VISION DISTANCE	
SINGLE VISION NEAR	

Estimated Eye Size _____ mm

PD(Distance) 71 mm

Estimated Eye Bridge Size (check one) narrow average broad

PD(Near) 68 mm

Facial Description (check one) narrow average broad

REFERRING EYE CARE PROFESSIONAL

NAME (Please Print) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE () _____

DOCTOR SIGNATURE _____

RELEASE FORM

NOTE: Please have patient sign this form BEFORE mailing to the Project Coordinator.

I understand that:

- The eyeglasses I will receive are used/recycled glasses collected through the District 35-0 Lions Club.
- The used/recycled glasses may not have the exact prescription determined by my Eye Doctor.
- I hereby release my Eye Care Professional, the Lions of District 35-0, and Lions International from any liability which may arise from breakage of the lenses or frame, or any change in my vision related to wearing these glasses.
- The used/recycled glasses and carrying case (when available) will be provided to me at **NO CHARGE** from either the referring Eye Care Professional or the Lions Clubs.
- The shape, style, material and color of the frame and lenses will be determined according to the available stock.

PATIENT SIGNATURE _____ DATE _____

WITNESS _____ DATE _____

Please mail completed form (copy 1 and copy 2) to:

Lion Susan Hudoba-Lewis
Project: Right to Sight, Inc.
 516 Bianca Court
 Altamonte Springs, FL 32701

FOR OFFICE USE ONLY

Date Referral Received _____ Date Glasses Mailed _____

Additional Comments: _____ Eye Glass Case Yes No

Completed By _____



Project: Right To Sight, Inc.

(407) 296-2751 or (407) 331-6256

REFERRAL FORM

DATE OF REFERRAL: _____

PATIENT NAME: EXAMPLE #4 AGE _____ SEX _____
Last First MI

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

TELEPHONE () _____

LENS/FRAMES SPECIFICATIONS

(if available) VA cc OD 20/ 20
OS 20/ 200

Rx	SPHERE	CYLINDER	AXIS	ADD
OD	+1.50	-0.50	90	
OS	+4.00	-1.00	95	

SINGLE VISION DISTANCE	
SINGLE VISION NEAR	

Estimated Eye Size _____ mm

PD(Distance) 56 mm

Estimated Eye Bridge Size (check one) narrow average broad

PD(Near) 53 mm

Facial Description (check one) narrow average broad

REFERRING EYE CARE PROFESSIONAL

NAME (Please Print) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE () _____

DOCTOR SIGNATURE _____

RELEASE FORM

NOTE: Please have patient sign this form BEFORE mailing to the Project Coordinator.

I understand that:

- The eyeglasses I will receive are used/recycled glasses collected through the District 35-0 Lions Club.
- The used/recycled glasses may not have the exact prescription determined by my Eye Doctor.
- I hereby release my Eye Care Professional, the Lions of District 35-0, and Lions International from any liability which may arise from breakage of the lenses or frame, or any change in my vision related to wearing these glasses.
- The used/recycled glasses and carrying case (when available) will be provided to me at **NO CHARGE** from either the referring Eye Care Professional or the Lions Clubs.
- The shape, style, material and color of the frame and lenses will be determined according to the available stock.

PATIENT SIGNATURE _____ DATE _____

WITNESS _____ DATE _____

Please mail completed form (copy 1 and copy 2) to:

Lion Susan Hudoba-Lewis
Project: Right to Sight, Inc.
 516 Blanca Court
 Altamonte Springs, FL 32701

FOR OFFICE USE ONLY

Date Referral Received _____ Date Glasses Mailed _____

Additional Comments: _____ Eye Glass Case Yes No

Completed By _____



Project: Right To Sight, Inc.

(407) 296-2751 or (407) 331-6256

REFERRAL FORM

DATE OF REFERRAL: _____

PATIENT NAME: EXAMPLE #5 AGE _____ SEX _____
Last First MI

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

TELEPHONE () _____

LENS/FRAMES SPECIFICATIONS

(if available) VA cc OD 20/20
 OS 20/25

Rx	SPHERE	CYLINDER	AXIS	ADD
OD	PL	SPH.		+1.50
OS	-0.25	SPH.		+1.50

SINGLE VISION DISTANCE	
SINGLE VISION NEAR	

Estimated Eye Size _____ mm

Estimated Eye Bridge Size (check one) narrow average broad

Facial Description (check one) narrow average broad

PD(Distance) 56 mm

PD(Near) 53 mm

REFERRING EYE CARE PROFESSIONAL

NAME (Please Print) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE () _____

DOCTOR SIGNATURE _____

RELEASE FORM

NOTE: Please have patient sign this form BEFORE mailing to the Project Coordinator.

I understand that:

- The eyeglasses I will receive are used/recycled glasses collected through the District 35-0 Lions Club.
- The used/recycled glasses may not have the exact prescription determined by my Eye Doctor.
- I hereby release my Eye Care Professional, the Lions of District 35-0, and Lions International from any liability which may arise from breakage of the lenses or frame, or any change in my vision related to wearing these glasses.
- The used/recycled glasses and carrying case (when available) will be provided to me at NO CHARGE from either the referring Eye Care Professional or the Lions Clubs.
- The shape, style, material and color of the frame and lenses will be determined according to the available stock.

PATIENT SIGNATURE _____ DATE _____

WITNESS _____ DATE _____

Please mail completed form (copy 1 and copy 2) to:

Lion Susan Hudoba-Lewis
Project: Right to Sight, Inc.
 516 Bianca Court
 Altamonte Springs, FL 32701

FOR OFFICE USE ONLY

Date Referral Received _____ Date Glasses Mailed _____

Additional Comments: _____ Eye Glass Case Yes No

Completed By _____



Project: Right To Sight, Inc.

(407) 296-2751 or (407) 331-6256

REFERRAL FORM

PATIENT NAME: EXAMPLE #6 DATE OF REFERRAL: _____
Last First MI AGE _____ SEX _____
 ADDRESS: _____
 CITY: _____ STATE _____ ZIP _____
 TELEPHONE () _____

LENS/FRAMES SPECIFICATIONS

(if available) VA cc OD 20/ 25
 OS 20/ 20

Rx	SPHERE	CYLINDER	AXIS	ADD
OD	+4.00	-0.75	80	+2.00
OS	+4.75	-0.75	90	+2.00

SINGLE VISION DISTANCE	
SINGLE VISION NEAR	

Estimated Eye Size _____ mm

PD(Distance) 73 mm

Estimated Eye Bridge Size (check one) narrow average broad

PD(Near) 70 mm

Facial Description (check one) narrow average broad

REFERRING EYE CARE PROFESSIONAL

NAME (Please Print) _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____ TELEPHONE () _____
 DOCTOR SIGNATURE _____

RELEASE FORM

NOTE: Please have patient sign this form BEFORE mailing to the Project Coordinator.

I understand that:

- The eyeglasses I will receive are used/recycled glasses collected through the District 35-0 Lions Club.
- The used/recycled glasses may not have the exact prescription determined by my Eye Doctor.
- I hereby release my Eye Care Professional, the Lions of District 35-0, and Lions International from any liability which may arise from breakage of the lenses or frame, or any change in my vision related to wearing these glasses.
- The used/recycled glasses and carrying case (when available) will be provided to me at NO CHARGE from either the referring Eye Care Professional or the Lions Clubs.
- The shape, style, material and color of the frame and lenses will be determined according to the available stock.

PATIENT SIGNATURE _____ DATE _____

WITNESS _____ DATE _____

Please mail completed form (copy 1 and copy 2) to:

Lion Susan Hudoba-Lewis
Project: Right to Sight, Inc.
 516 Bianca Court
 Altamonte Springs, FL 32701

FOR OFFICE USE ONLY

Date Referral Received _____ Date Glasses Mailed _____

Additional Comments: _____ Eye Size & Case Yes No

Completed By _____

3/24/03

TRANSPOSE PLUS CYLINDER
INTO MINUS CYLINDER

CHANGE/TRANSPOSE + CYLINDER INTO - CYLINDER

SUBTRACT OR ADD MINUS CYLINDER TO
SPHERE, 1/2 OF VALUE.

MINUS TO MINUS ADD 1/2 VALUE CYL
MINUS TO PLUS SUBTRACT 1/2 VALUE CYL

IF AXIS IS 91 TO 180 SUBTRACT 90

IF AXIS IS 1 TO 90 ADD 90

EXAMPLES

	SPH	CYL	AXIS
ORIGINAL RX	+1.00	+1.00	180
CONVERT	- .50	-1.00	90
NEW RX	+ .50	-1.00	90

ORIGINAL RX	-2.00	+1.00	45
CONVERT	- .50	-1.00	+90
NEW RX	-2.50	-1.00	135