

Project Right to Sight Procedure Manual

Lions Community Eye Clinic - Rev 1 – August 15,
2016

Pat Stamm – Ted Erion – Mary Pezzo

8/15/2016

This procedure defines the role of the Lions Community Eye Clinic in Project Right to Sight and details the operation of the Clinic including description of the exam process, medical records keeping, method of payment and supporting partner relationships within the community.

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Lions Community Eye Clinic Policy

Patient Health Insurance Portability and Accountability Act (HIPAA)

It is the policy of the Lions Community Eye Clinic to operate in accordance with the provisions and intent of the Health Insurance Portability and Accountability Act (HIPAA) regarding the confidentiality and privacy of patient's information and records. Clinic volunteers that handle patient records or information will be educated by officials of the Lions Community Eye Clinic regarding the importance of keeping patient records and information in a secure manner and to not disclose the patient's information or paperwork to persons other than the Doctors as required. Clinic workers will sign a statement confirming their agreement and the importance of patient information confidentiality. A copy of the form that the Clinic workers are to sign is attached to this procedure (Ref Attachment 1).

_____ Ted Erion, President

_____ Marilyn Anderson, Secretary

_____ Pat Stamm, Director

Lions Community Eye Clinic

Lions Community Eye Clinic

1. Introduction

Project Right to Sight (PRTS) is dedicated to providing prescription eyeglasses to a wide variety of persons around the world that cannot otherwise afford them. This objective is accomplished by providing reconditioned used eyeglasses to support missions in numerous countries around the world as well as operating a Lions Community Eye Clinic here in Central Florida. The Lions Community Eye Clinic began operations in June of 2006. This Clinic is located in the Orange Blossom Family Health Care Center (OBFHCC) at 232 North Orange Blossom Trail, Orlando, Florida³²⁸⁰⁵. The Clinic exam room is fully equipped with an optical exam chair and a complete set of optical exam equipment. Office space is provided by the Orange Blossom Family Health Care Center Management. A formal agreement between OBFHCC and PRTS provides that PRTS leases the office space and the custodial services of OBFHCC which in turn uses the Lions eye exam equipment and receives eyeglasses for their patients from the Lions.

This arrangement has been in continued operation since starting in April 2006. The Lions Eye Clinic dispensed their first eyeglasses in June 2006.

2. Eye Clinic Operation

2.1 The Clinic is operated two times per week by the OBFHCC and typically one day per month by the Lions. This schedule varies based on provider personnel availability. The timing and frequency of the Lions Community Eye Clinic days are dictated by the availability of doctors, opticians, patients and facility space. Specific dates of operation are set by the Lions Clinic Director based on the above limitations. Typically the Lions Community Eye Clinic has been scheduled on the second Wednesday of each month.

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- 2.2 A normal clinic day begins at 7:30 AM to set up with patients being seen at 8 AM. Depending on the number of patients the eye exams are completed by 1 PM and patients eye glasses are dispensed by 3 PM. These times vary depending on case load, special eye patient issues and availability of eyeglasses.
- 2.3 The OBFHCC is a large facility that provides a wide variety of special medical services that address the general population. Space for the Vision Center is limited requiring eye patients to be escorted by a Lions volunteer from first arrival at the OBFHCC to an initial preparation area for completion of required paperwork and initial refractory measurements. Leaving the initial preparation area the patient must be escorted by a Lion volunteer to the exam room which is located some distance from the preparation area. Following the exam the patient is taken to a waiting area to wait for their glasses to be retrieved from the Ocoee Warehouse and fitted to the patient by a licensed optician.
- 2.4 In compliance with Florida State law the PRTS and the LCEC will only allow prescription eyeglasses to be dispensed by an optician licensed by the State of Florida.

3 Patient Sponsors

- 3.1 In order for a patient to receive treatment at the LCEC they must be sponsored by a Lions Club. The sponsoring Lions Club performs the financial needs assessment and assumes responsibility for payment of all fees and also assumes the responsibility for any follow up care prescribed by the clinic doctor. Project Right to Sight cannot sponsor a patient. Only Lions Clubs are allowed by PRTS to become sponsors.
- 3.2 The sponsoring Lions Club must fill out a Request for Assistance form (Ref. Attachment 2) to verify that the patient has a true financial need and also that the patient does not have applicable insurance to cover eye exams and glasses.
- 3.3 An interview of the patient is required by a Lion from the

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sponsoring Lions Club or a designated representative of one of the local homeless hospitality centers such as Salvation Army, Center for Drug Free Living, Coalition for the Homeless, etc. to verify the financial need of the patient.

3.4 The Request for Assistance form must be in the hands of the Clinic Director's hands 48 hours prior to the scheduled Clinic day to maintain their scheduled appointment.

4 Patient Scheduling

4.1 The Eye Clinic Director is responsible for developing and finalizing the patient schedule

4.2 Patients will be accepted for eye exams on a first come first served basis.

4.3 Patients may not be accepted until payment of the clinic fee has been paid by the sponsoring Lions Club or the club has established credit.

4.4 The patient must provide their own transportation to the Clinic.

4.5 If a patient arrives at the Clinic without their Request for Assistance form (Ref. Attachment 2) completely filled out and signed, a Lion Eye Clinic Monitor will assist them in completing and witnessing the form including the patients required signature. If a patient refuses to sign the Request for Assistance Form service must be denied.

4.6 A master schedule of all patients to be served on a clinic day is prepared by the Clinic Director (Ref- Attachment 3). This schedule is used by the Director and copies are to be provided to the Auto-refractor operator and to the Ocoee Warehouse personnel at the beginning of the day to allow them to manage their portion of the work.

5 Records Retention

5.1 The following records shall be created and placed in the patients file:

- Patient Request for Assistance form (Attachment 2)
- Eye exam form includes patients glasses prescription (Attachment 4)
- Patient profile sheet including Medical history (Attachment 5)

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- Copies of ancillary test results (Attachment 5 – back page)

5.2 The patient files shall be maintained at the Lions Eye Clinic for a period of three years. After three years at the clinic files may be transferred to the PRTS Ocoee Warehouse for an additional 4 years.

5.3 Filing and maintenance of patient files shall be performed by the Clinic Director or Deputy Director assisted by Clinic volunteers as required.

5.4 All patient records are confidential and shall be handled in keeping with HIPAA confidentiality requirements.

6 Supply and Dispensing of Glasses

6.1 Prescription eye glasses will be supplied from the Project Right to Sight inventory of used eyeglasses located at the Ocoee Warehouse.

6.2 Eye glass prescriptions will be filled by Lions trained to read and interpret the Doctor's prescription. These glasses will be verified by the licensed optician fitting the glasses.

6.3 A Lion serving as a courier will transport the glasses to the Clinic from Ocoee on the day of the exam.

6.4 If a proper prescription is not available at the warehouse a set of frames will be fitted to the patient prior to being released for the day. The frames are sent to Lenscrafters where a pair of lenses matching the prescription will be inserted into the frames. When these glasses become available the Clinic Director will notify the patient and arrange for the glasses to be dispensed to the patient.

6.5 When a pair of PRTS glasses is dispensed to a patient the label from the plastic sleeve containing the glasses is to be removed from the plastic sleeve and pasted onto the patient exam form to establish a permanent record to be retained in the patient file identifying which pair of glasses was dispensed to the patient.

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7 Method of Payment for Eye Clinic Services

- 7.1 Payment shall be made for each patient exam by the sponsoring Lions Club. Note only Lions Clubs can sponsor a patient.
- 7.2 The preferred method of payment is by check made out to Lions Community Eye Clinic.
- 7.3 Other methods of payment by cash or credit card must be arranged in advance with the Lions Eye Clinic Director.
- 7.4 Failure to receive payment in advance of the Clinic is grounds for refusal of service.
- 7.5 The fee for the service may vary from \$15 to \$25. Fees are controlled by the PRTS Board of Directors. No charge is made for eye glasses supplied by the Lions Community Eye Clinic.
- 7.6 In the event that a patient refuses to accept used eye glasses or Lenscrafters provided glasses arrangements for an alternate pair may be made at the discretion and added expense of the sponsoring Lions Club.
- 7.7 In the event a patient does not show up for their appointment there will be no refund of the fee paid by the sponsoring Lions Club. It is the sponsoring Club's responsibility to insure that the patient shows up for the appointment. Appointment cancelations must be made 24 hours in advance of the appointment.
- 7.8. A special provision has been established by PRTS to address unique circumstances for a patient that has a significant need for eye care and has no identified sponsor on the day of the Clinic. A fund has been created from monies that have been donated to PRTS for eye care by District 35 O Lions Clubs. The Clinic Director is empowered to fill out a Request for Assistance Form and with approval from a specific District 35 O Lions Club and obtain an exam from the Clinic Doctor on the day of the clinic. The fee for the patient is then paid from this special fund.

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8 Equipment Purchase and Repairs

- 8.1 Equipment repairs are expected to be required from time to time.
When the doctor identifies an equipment problem he or she is to notify the Lions Clinic Director of the problem.
- 8.2 Routine maintenance repairs shall be addressed to the OBFHCC Manager for repair in accordance with the joint memorandum of understanding between Project Right to Sight and the Orange Blossom Family Health Care Center.
- 8.3 For major repairs the Lions Eye Clinic Director shall work with the Orange Blossom Health Care Center to determine an agreed course of action to correct the deficiency.
- 8.4 For major repairs the Project Right to Sight Board of Directors shall agree on a course of action and a means of funding the repair or replacement of capital equipment.

9 Communication & Business Relationships

- 9.1 Communication of the Lions Community Eye Clinic purpose and function is vital to the success of the Clinic. It is therefore important that the existence and use of the Lions Community Eye Clinic be made known to all of the Lions Clubs within District 35 O.
- 9.2 This manual shall be distributed to all District 35 O Lions Clubs upon publishing Revision 1 of this manual.
- 9.3 A business relationship has been established with Lenscrafters. When PRTS cannot find a matching pair of glasses for a patient the patient is fitted with a pair of frames. This set of frames is given to a Lenscrafters optician and a pair of lenses are installed into the frames. The glasses are then returned to the Lions Eye Clinic Director to arrange for a proper fitting of the glasses. Lenscrafters typically provides this service to PRTS at no charge to PRTS.
- 9.4 The Lions Community Eye Clinic Director shall report to the Project Right to Sight Board of Directors on the status of the Clinic and on

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relations with the alliance partners on a regular basis at the monthly Board of Directors meeting.

10 Principal Job Function Responsibilities

10.1 Lions Community Eye Clinic Director

- Has overall responsibility for the operation of the LCEC
- Reports status and progress of the LCEC to the PRTS Board of Directors on a monthly basis.
- Responsible for the scheduling of patients for each Clinic Day
- Provides a report of patient's treatments each month. This report is to include required follow-up treatment to be provided by the sponsoring Lions Club as identified by the examining doctor.
- Responsible to insure follow-up treatment for problems identified during the eye exams are completed either by the sponsoring lions Club or by PRTS partners, i.e. Lenscrafters.
- Shall notify OBHHCC of all scheduled Clinic days.

10.2 Lions Eye Clinic Deputy Director

- Functions in support of the LCEC Director in the operation of the Clinic
- Serves as Clinic Director in the absence of the appointed Clinic Director
- Assist Clinic Director in follow up treatment of patients as required.

10.3 Eye Doctor – Optometrist or Ophthalmologist

- Provide Eye exams in accordance with standards of Ophthalmology as licensed by the State of Florida.

10.4 Optician

- Dispenses eyeglasses to patients in accordance with standards as established by the Florida Opticians Licensing Authority

10.5 Auto Refractor Operator

- Operates the auto-refractor in compliance with the operating instructions contained in the Auto-Refractor procedure manual.

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- Measures the patients vision and records the patient PD on the patient prescription form
- Provide a copy of the refractor report for the examining Doctor
- Moves the auto-refractor to the preparation area at the start of the day, set it up and place it back in storage at days end.

10.6 Patient and Client Monitor

- Lion volunteer that escorts patients at the OBFHCC facility
- Requires a friendly and cheerful disposition towards the Lions Clinic patients and OBFHCC staff
- Assist patients to fill out paperwork and checks for accuracy and completeness of the information contained in Attachment 4
- Complete errands and tasks as assigned by the Clinic Director or Deputy Director
- Communicate special patient concerns or issues to the Clinic Director

10.7 Eyeglass Retrieval Volunteer(s)

- Works at the Ocoee Warehouse to pull glasses on Clinic Day
- Process is defined in Warehouse Inventory Management Section 3

10.7 Eye Glass Courier

- Transports glasses from the Ocoee Warehouse to the Eye Clinic
- Typically requires two trips each Clinic day

10.9 OBFHCC Vision Center Manager

- Manages the vision center on behalf of OBFHCC management
- Primary contact with OBFHCC operations for the Lions Eye Clinic

11 Guidelines for Clinic Volunteers

The many functions identified herein are carried out by volunteers from a variety of Lions clubs and by volunteer optometrists and opticians. Lion volunteers at the Clinic represent their Lions clubs and the actions and

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demeanor reflect a significant image to the OBFHCC staff and to the Eye Clinic patients. Some guidelines to enhance that image are identified here. Wear a Lions jacket or other Lions gear that will have their name and Lions logo clearly labeled. Greet clients in the lobby in a friendly manner and speak in a soft voice. Escort clients to the preparation area (conference room) to complete paper work and have a preliminary eye exam. The results of the exam should be paper clipped to the red folder - not stapled. Completed paper work needs to include birthdate, and a Lion witness signature affixed to the Request for Assistance form. When the patient has all of their paper work completed they are ready to be escorted to the chairs outside of the exam room. There are only 3 to 4 chairs available in this ready area. The examining Doctor takes patients from these chairs in order. It is the responsibility of the volunteer patient monitors to keep these chairs filled with patients and never keep the doctor waiting. It is possible that a retina screen may be completed before the client is seen by the Doctor.

Patients frequently ask to use the bathroom, go outside for a smoke, get water, etc. A Lion must escort the patient anywhere in the OBFHCC to avoid interruption of other medical services in the OBFHCC Facility.

Attachment 1

Privacy of Patient Information

HIPAA

(Health Insurance Portability and Accountability Act)

HIPAA is the health Insurance Portability and Accountability Act (Federal law) that was developed in order to implement a national, uniform system of keeping patients records secure and private, as well as implementing a faster way to process health care claims. Below is a brief description of important aspects of the law that you should be aware of, even if you don't deal directly with these issues.

Patient Information – Only access, use, or disclose on a legitimate “need to know” basis, patient information for activities related to treatment, payment, and healthcare operations on behalf of the company. ALWAYS maintain the privacy of our patient's information.

Minimum information – Only access, use, or disclose the minimum information necessary to perform your designated role regardless of the extent of access provided.

Notice of Privacy Practice – Staff will provide patients with a Notice of Privacy Practices, which will inform patients of their rights with respect to protected health information, as well as Lions of Florida - Project Right to Sight legal duties.

Release of Information – Do not release information for purposes other than treatment, payment and healthcare operations without written authorization from the patient, except as required by applicable federal, state, or local laws and regulations.

I will abide by the HIPAA Federal law and the Lions of Florida – Project Right to Sight rules and policies regarding confidential information.

Print Name _____

Signature _____ Date _____

District 35 – 0 Lions Community Eye Clinic

Request For Assistance

The information herein contained will be held confidential. Each question must be answered before the application can be processed.

1. Name _____ S. S. or Green Card – Yes ___ or No ___ Birth Date _____

2. Address _____ City _____ Age _____

3. Phone _____ Cell _____ E-Mail _____

4. Employer _____ Address _____

5. Income _____ How many people are supported by this income? _____

(If patient is a minor, complete parents Name & address)

6. Parent Name _____ Address _____

7. Employer _____ Address _____

8. Income _____ How many people are supported by this income? _____

9. Monthly Financial Obligations: Food \$ _____ Rent \$ _____

Utilities – Power \$ _____ Water \$ _____ Phone \$ _____ TV \$ _____

Car Payment \$ _____ Insurance \$ _____ Credit cards \$ _____ Other \$ _____

Welfare _____ Food Stamps _____ Total Expenses _____

10. Eye Exam & Glasses Recommended After Testing by: Doctor _____, Nurse _____, Teacher _____,

Social Worker _____, Other _____ Name _____, Address _____

11. Has the applicant worn glasses before? _____

12. List any pre-existing medical conditions _____

13. Applicant status is: Married _____, Single _____, Divorced _____, Separated _____,

Widowed _____, Working _____, Retired _____, Disabled _____, Student _____

14. Patient does not have Insurance or Ability to pay for the eye examination or eyeglasses _____

Does the patient have: Medicare _____ Medicaid _____ Other Insurance _____

15. Transportation to and from the eye exam and eye glass fitting appointments will be provided by: patient _____

Family member / friend _____ Sponsoring Lions Club _____ Other source of Transportation _____

I certify that the above information is correct and do hereby give the _____

_____ Lions club my full consent to investigate

Patient Signature _____ Date _____

Contact person for the sponsoring Lions Club _____ PHONE (H) _____

Phone (W) _____ cell phone _____ E Mail _____

Appointment Date: _____ Appointment Time _____ Confirmed by Clinic Director _____

Appointment Information given to contact person at sponsoring Lions Club (Date) _____

Lions Community Eye Clinic - Schedule

Date: Wednesday July 13, 2016

Dr. Ryan Schott - Optician Gregory Hughes

Attachment 3		Lions Community Eye Clinic - Schedule									
		Date: Wednesday July 13, 2016									
		Dr. Ryan Schott - Optician Gregory Hughes									
Appt. Time	Patient Name	Age/Sex	Sponsor Club	Lion Coordinator	ZIP Code	Lead Person	FAX	Problems			
8:00	Kxxx	50 M W	OWS	Paul Schwimmer							
	Kyyy										
8:10	Kzzz	48 M W	OWS	Paul Schwimmer				No Match			
	Kaaa										
8:20	Kbbb	56 M W	OWS	Paul Schwimmer							
	Gccc										
8:30	Jddd	68 M B	OWS	Paul Schwimmer				Readers			
	Reee										
8:40	Sfff	48 M W	OWS	Paul Schwimmer				Replaced by XXXX			
	Rggg										
8:50	Shhh	50 M W	OWS	Paul Schwimmer							
	Tiii										
9:00	Cjjj	53 M B	OWS	Paul Schwimmer							
	Lkkk										
9:10	Lmnm	34 M B	OWS	Paul Schwimmer				No Match			
	Jnnn										
9:20	Tiii	58 F W	Kissimmee	Fred Holden							
	Yooo										
9:30	Gccc	58 F W	Kissimmee	Fred Holden							
	Lppp										
9:40	Oqqq	36 F H	Kissimmee	Fred Holden				No glasses needed			
	Mrrr										

Project Right To Sight, Inc.

Patient Name _____ Age _____ Sex _____
Last First MI

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Birthdate _____

LENS/FRAMES SPECIFICATIONS

(If available) VA cc OD 20/

RX OS 20/

	Sphere	Cylinder	Axis	Add
OD				
OS				

Single Vision Distance	
Single vision Near	

PD (Distance) _____ mm

PD (near) _____ mm

Seg Height _____ mm

Estimated Eye size _____ mm

Estimated Eye Bridge Size (check one) narrow Average broad

Facial Description (check one) narrow average broad

REFERRING EYE CARE PROFESSIONAL

Name (Please Print) _____

Address _____

City _____

Doctor Signature _____

RELEASE FORM

Note: Please have patient sign this form BEFORE mailing to the Project Coordinator. I understand that

1. The eyeglasses I will receive are used/recycled glasses collected through District 35 O Lions Club.
2. The used/recycled glasses may not have the exact prescription determined by my Eye doctor.
3. I hereby release my Eye care professional, the Lions Club of District 35-O and Lions International from any liability which may arise from breakage of the lenses or frames, or any change in my vision related to wearing these glasses.
4. 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 Club.
5. The shape, style, material and color of the frame and lenses will be determined according to the available stock.

Patient Signature _____ Date _____

Witness _____ Date _____

For Office Use Only

Date Referral Received _____ Date glasses Mailed _____

Additional comments _____ Eye glass case yes No

Completed by _____

Patient Information – Complete This Side – Please Print

Today's Date _____

Patient Name _____ Age _____

Address _____ Phone _____

City _____ State _____ Zip _____

E-mail _____

Occupation _____ Date of Birth _____

Date of last vision exam _____ Do you wear glasses now? _____ Have you ever? _____

Have you ever had Glaucoma? _____ Cataracts? _____

Had Surgery in your eyes? _____ Any eye diseases? _____

Is there any family history of any eye diseases? _____

Have you ever had an eye injury? _____

Do you have any allergies? _____

List any current Medications _____

Do you have diabetes? _____ For how long? _____

Do you have high blood pressure? _____

What problems are you having with your eyes or vision? Blurred vision at a distance? Y / N _____

Blurred vision at near? Y / N _____ Other problems? _____

Last Name: _____ First _____ Date _____ Age _____

Subj: C/C

LEE: _____

Ocular health Hx:

Obj: V a c s 20< N c s 20< Perrla No MG CVF Full OU EOM Full E X P O T

Old Rx R _____

SLE: _____ .5% T Ta<

L _____

Iris nl

AC O/Q

L/L/A nl

Tears nl

C/S nl

Lens nl

Cornea nl

C/D

A/V

Mac

DFE

Ret:

SRx: R _____ 20/

L _____ 20/

A/P: H M A P SRx = Subj Add+ _____

RTC _____

Date _____

Subj: C/C

Ocular health Hx:

Obj: V a c s 20< N c s 20< Perrla No MG CVF Full OU EOM Full E X P O T

Old Rx R _____

SLE: _____ .5% T Ta<

L _____

Iris nl

AC O/Q

L/L/A nl

Tears nl

C/S nl

Lens nl

Cornea nl

C/D

A/V

Mac

DFE

Ret:

SRx: R _____ 20/

L _____ 20/

A/P: H M A P SRx = Subj Add+ _____

RTC _____

Patient Information – Complete This Side – Please Print

Today's Date _____

Patient Name _____ Age _____

Address _____ Phone _____

City _____ State _____ Zip _____

E-mail _____

Occupation _____ Date of Birth _____

Date of last vision exam _____ Do you wear glasses now? _____ Have you ever? _____

Have you ever had Glaucoma? _____ Cataracts? _____

Had Surgery in your eyes? _____ Any eye diseases? _____

Is there any family history of any eye diseases? _____

Have you ever had an eye injury? _____

Do you have any allergies? _____

List any current Medications _____

Do you have diabetes? _____ For how long? _____

Do you have high blood pressure? _____

What problems are you having with your eyes or vision? Blurred vision at a distance? Y / N _____

Blurred vision at near? Y / N _____ Other problems? _____

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SLE: _____ .5% T Ta<

L _____

Iris nl

AC O/Q

L/L/A nl

Tears nl

C/S nl

Lens nl

Cornea nl

C/D

A/V

Mac

DFE

Ret:

SRx: R _____ 20/

L _____ 20/

A/P: H M A P SRx = Subj Add+ _____

RTC _____

Date _____

Subj: C/C

Ocular health Hx:

Obj: V a c s 20< N c s 20< Perrla No MG CVF Full OU EOM Full E X P O T

Old Rx R _____

SLE: _____ .5% T Ta<

L _____

Iris nl

AC O/Q

L/L/A nl

Tears nl

C/S nl

Lens nl

Cornea nl

C/D

A/V

Mac

DFE

Ret:

SRx: R _____ 20/

L _____ 20/

A/P: H M A P SRx = Subj Add+ _____

RTC _____