

VISUAL ACUITY

The following information is required to determine if your patient meets our visual requirements. Please note the information must be in the Snellen format (i.e. 20/20, 20/40, etc.)

The vision standards are:

Uncorrected Vision: 20/40 with both eyes open, with any one eye no worse than 20/100.

Corrected Vision: 20/20 with both eyes open, with any one eye no worse than 20/40.

Colour Vision: Colour vision should be normal. (i.e. pass the Farnsworth D-15 test)

Peripheral Vision: 150 continuous degrees along the horizontal meridian binocularly, and 30 degrees above and below the fixation point.

***Please note *orthokeratology (ortho-k) is not an accepted procedure.**

Has your patient had laser surgery? YES / NO

If yes, date of surgery: _____

| | | |
|---------------------------|-----------------------------|-----------------|
| DATE: _____ | DOCTOR'S NAME: _____ | |
| | SIGNATURE: _____ | |
| PATIENT'S NAME: | | |
| UNCORRECTED: | | |
| LEFT EYE: | RIGHT EYE: | BOTH EYES OPEN: |
| CORRECTED: | | |
| LEFT EYE: | RIGHT EYE: | BOTH EYES OPEN: |
| COLOUR VISION: | | |
| PERIPHERAL VISION: | | |

