

Patient Name: _____ Date: _____ First Fit/Refit

Design: Prime Elite-Oblate Elite-Prolate Aurora

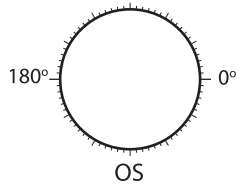
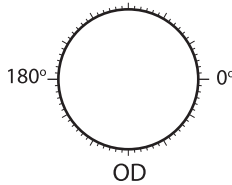
Lens Info					
	sagittal depth	base curve	power	diameter	AURORA only
OD					<input type="checkbox"/> D <input type="checkbox"/> N
OS					<input type="checkbox"/> D <input type="checkbox"/> N

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

Laser Mark Orientation

(Elite & Aurora Only)

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



Final Lens Order								
	Base Curve	Power	Dia	Color	Material	CCZ	LITE	SLZ
OD								
OS								

Notes	
OD	
OS	

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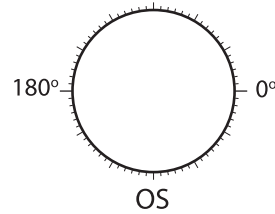
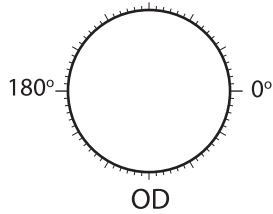
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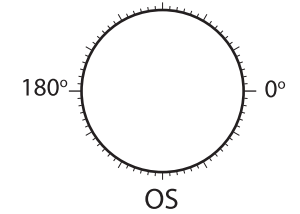
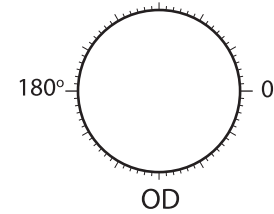
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