

Troubleshooting Checklist

PROVIDED BY: WALMAN OPTICAL

Patient Name: _____ Age: _____

Dispensing Date: _____ Use of Rx: _____

Complaint/Issue: _____

Staff Initials: _____ Today's Date: _____

| OLD RX | SPH | CYL | AXIS | ADD | OC HT | DPD | NPD | BC | PRISM | SEG STYLE |
|--------|-----|-----|------|-----|-------|-----|-----|----|-------|-----------|
| OD | | | | | | | | | | |
| OS | | | | | | | | | | |

Lens Material: _____ Frame Material: _____ Vertex Distance: _____

| OLD RX | SPH | CYL | AXIS | ADD | OC HT | DPD | NPD | BC | PRISM | SEG STYLE |
|--------|-----|-----|------|-----|-------|-----|-----|----|-------|-----------|
| OD | | | | | | | | | | |
| OS | | | | | | | | | | |

Lens Material: _____ Frame Material: _____ Vertex Distance: _____

Is the frame a good fit? _____ Eyes centered in the frame? _____

Is frame adjustment/style correct for patient's Rx? _____

Is the Vertex Distance matched to old pair? _____

Is the Pantoscopic tilt checked and matched to old pair? _____

Is Facial Wrap matched to old pair? _____ New Tints or Coatings? _____

Are Seg Hts same as old? _____

Progressive fitting cross position verified? _____

Prism matches prescribed prism? _____

New medical problems? _____

New prescriptions? _____

Does the problem come or go? _____

Problem occurs at what distance? _____ Anisometropia? _____

Recommendations to solve patient's problem? _____

Were patient's problems solved? _____

Follow up? _____