

DR. LAURA ANNE POTVIN, P.C.

Date:	<p><b>Primary Reason for Visit:</b></p> <p><b>Concerns About Current Glasses:</b></p> <p><b>On Average, how much time do you spend outdoors?</b>  <input type="checkbox"/> &lt;2 hours    <input type="checkbox"/> 2-4 hours    <input type="checkbox"/> 4-8 hours    <input type="checkbox"/> &gt;8hours</p> <p><b>What do you use to protect your eyes from the sun?</b>  <input type="checkbox"/> Rx sunglasses    <input type="checkbox"/> OTC sunglasses    <input type="checkbox"/> Nothing</p> <p><b>How much time do you spend driving on an average day?</b>  <input type="checkbox"/> &lt;2 hours    <input type="checkbox"/> 2-4 hours    <input type="checkbox"/> 4-8 hours    <input type="checkbox"/> &gt;8hours</p> <p><b>How much time do you spend on an electronic device?</b>  <input type="checkbox"/> &lt;2 hours    <input type="checkbox"/> 2-4 hours    <input type="checkbox"/> 4-8 hours    <input type="checkbox"/> &gt;8hours</p>
Patient:	<p><b>What sports and recreational activities do you enjoy?</b>          (Please list at least 3)</p>
Doctor:	<p><b>Follow up required?</b>   <input type="checkbox"/> Yes    <input type="checkbox"/> No    If yes, when:</p> <p><b>Glasses needed for:</b>    <input type="checkbox"/> DV    <input type="checkbox"/> NV    <input type="checkbox"/> E-device    <input type="checkbox"/> Sun</p> <p><b>Type of lenses recommended:</b>   <input type="checkbox"/> SV    <input type="checkbox"/> lined BF/TF    <input type="checkbox"/> MF  <input type="checkbox"/> E-Device    <input type="checkbox"/> Sun</p> <p><b>Style:</b>   <input type="checkbox"/> Conventional   <input type="checkbox"/> Digital</p> <p><b>Material:</b>   <input type="checkbox"/> CR-39   <input type="checkbox"/> Poly   <input type="checkbox"/> Trivex  <input type="checkbox"/> Mid-Index 1.6   <input type="checkbox"/> High-Index 1.67+</p> <p><b>Coatings/Add-ons:</b>   <input type="checkbox"/> A/R   <input type="checkbox"/> UV   <input type="checkbox"/> Blue light   <input type="checkbox"/> Polar    <input type="checkbox"/> TRNS  <input type="checkbox"/> Drivesafe   <input type="checkbox"/> Accommodative SV</p> <p><b>FRAMES:</b>    <input type="checkbox"/> New    <input type="checkbox"/> Reuse, Optician to approve use</p> <p><b>Additional Comments:</b></p>
Optician:	<p><b>Patient ordered:</b></p> <p>1.)</p> <p>2.)</p> <p>3.)</p> <p>4.)</p>