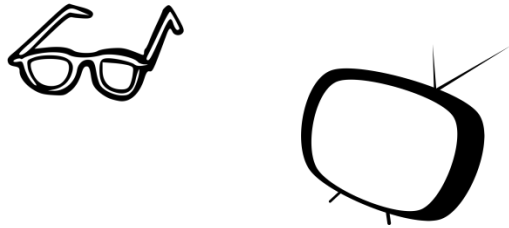


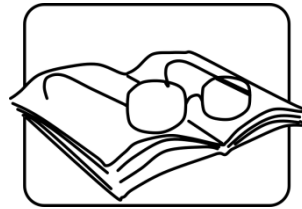
Patient Name:

PLEASE CIRCLE THE RELEVANT INFORMATION

Glasses – Distance



Glasses – Reading



Glasses - All occasions



Hearing Aid –  
Left



Hearing Aid – Right



Beard / Moustache



Right  
Handed



Left  
Handed

