

PATIENT: _____ **Date:** _____

CL SERVICE: New Fit Refit* Progress Evaluation** Follow-Up

VNCL OR ECL: ECL VNCL: 10D Aniso KC *** _____

Prior CL OD: _____ VA _____

OS: _____ VA _____

CL Hx WT: _____ Modality: _____

Care: _____

Other: _____

Keratometry OD: _____ OS: _____

Trial Lenses OD: _____ VA _____

OS: _____ VA _____

Over Ref. OD: _____ VA _____

OS: _____ VA _____

SLEx

OD: Centration _____ Movement _____

OS: Centration _____ Movement _____

Assessment: _____

Plan: _____

FINAL RX OD: _____ Qty _____

OS: _____ Qty _____

ORDERING Date _____ From: Stock? Other: _____

CPT: 92310 92311 92312 92313 92071 92072 _____

FOLLOW UP Date _____ CL Dispensed? Yes No QTY: _____

NOTES/CARE/WEARING SCHEDULE/REPLACEMENT SCHEDULE:

* **Fit/Refit** (Refit requires change of lens type or parameters), Document: CL Hx, K, SLE w/ CL, Over-refract, VA, assessment and plan.

****Progress Eval**, Document: CL Hx, VA w/ new CL, Over-refract, SLE w/ CL, K, assessment and plan.

Assessment: clinical impressions and diagnosis; **Plan:** recommendations and advice, lens changes, wear schedule, care.

92310: Prescription of optical and physical characteristics of and fitting of CL, with supervision of adaptation; corneal lens, OU, except aphakia.

92311/2: Aphakia; **92071:** Fitting of CL for Tx of ocular surface disease. **92072:** Fitting of CL for keratoconus, initial fitting only.

*** **Nystagmus** - 379.50-379.56, 386.11, 386.12, 386.2; **Corneal Transplant** - V42.51; **Hereditary Dystrophy** - 371.50-371.58