



seeBOOST Prescription Form

As a result of Patient contemplating the purchase of seeBOOST electronic prescription glasses, please complete all the items on this Form. You may use your own prescription form, but please include the additional information in the notes. If you have any questions, please call us at (972) 643-8498, email us at sales@seeboost.com, or visit our web site at www.seeboost.com.

Patient's name

Date of exam

OPTOMETRIST

Name

Email

Phone number

License No.

State

REFRACTION

	SPH	CYL	Axis	Distance PD⁽²⁾ (monocular)	BCVA⁽³⁾
OD (Right / RT) ⁽¹⁾	_____	_____	_____	_____	_____
OS (Left / LT) ⁽¹⁾	_____	_____	_____	_____	_____

- (1) Please circle **OD** or **OS** above for the eye where seeBOOST will be attached (the better eye)
- (2) Measure each eye's monocular PD for Distance vision (at infinity). Be sure patient is gazing straight ahead
- (3) Best Corrected Visual Acuity for distance vision

FRAME SIZE

Select the closest matching frame size for Patient. We want a slightly tight fit on the temples. seeBOOST frames are metal with spring hinges.

_____ **Small (51-16-140)**

_____ **Large (54-16-140)**

_____ **Large & long stem (53-16-145)**

check only one choice above

Please email this form to sales@seeboost.com or Fax at 972-637-7205