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|---------------------------------------|--|--|-----|--------------|-----|------------------|------------------|-------------------------------|-------------------|------------------|-----------------|-------------------------|---------|----|--|------------------|--|
| Frau/Herr | | | | Vorname | | | | Datum | | | | | | | | | |
| Strasse | | | | Ort | | | | Optometrist | | | | | | | | | |
| Adresszusatz | | | | Geburtsdatum | | | | | | | | | | | | | |
| Tel P | | Tel G | | Fax | | E-mail | | Natel | | | | | | | | | |
| Motiv/Sport/Hobby | | | | | | | | | | | | | | | | | |
| Tätigkeit/Klima/Umfeld | | | | | | | | | | | | | | | | | |
| Allergien/Gesundheit/Allgemein+Augen | | | | | | | | | | | | | | | | | |
| Behandlung/Medikamente | | | | | | | | | | | | | | | | | |
| Augenarzt | | | | | | | | | | | | | | | | | |
| Augenoptiker | | | | | | | | | | | | | | | | | |
| Erstanp./Nachversorgung/Nackkontrolle | | | | Pflagemittel | | | | | | | | | | | | | |
| Symptome: | | Fernvisus - , Nahbeschwerden - , Kopfschmerz - , Doppelbilder - , Lichtempfindlichkeit - , Wechsel F/N - , andere: | | | | | | | | | | | | | | | |
| Beschwerden: | | Schmerzen - , Brennen - , Tränen - , Kratzen - , Jucken - , Blitze - , Mouches volantes - , trockene Augen - , andere: | | | | | | | | | | | | | | | |
| Refraktion von / vom bisher | | Vsc | Vcc | Vbin | Sph | Cyl | Axe | Add | HSA | Prima 1 | Basis 1 | Prisma 2 | Basis 2 | PD | | | |
| R | | | | | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | | | | | |
| objektiv Skia/Autoref. | | R | | | | | | AB R/L | | NCT | | Bemerkungen | | | | | |
| L | | | | | | | | | | | | | | | | | |
| subjektiv | | R | | | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | | | | | |
| Prescribing | | R | | | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | | | | | |
| Cover Ferne | | Motilität | | Sakkaden | | Pupillenreflexe | | | PPK | | | Ophthalmoskopie OD / OS | | | | | |
| Tropie | | | | | | R | | | Konfrontation | | | c/d | | | | | |
| Phorie | | | | | | PI R RL (A) | | | | | | exc. | | | | | |
| Ortho | | | | | | L | | | | | | A/V | | | | | |
| Tränenmenge | | | | | | | | | Tränenmenge | | | | | | | | |
| Tränenzus. | | | | | | | | | Tränenzus. | | | | | | | | |
| Lidspannung | | | | | | | | | Lidspannung | | | | | | | | |
| Lidschluss | | | | | | | CSP caud. ____° | | Lidschluss | | CSP caud. ____° | | | | | | |
| Lidschlagfrequenz | | | | | | | CSP cran. ____° | | Lidschlagfrequenz | | CSP cran. ____° | | | | | | |
| RSN | | | | | | | | | RSN | | | | | | | | |
| Conj. bulbi | | | | | | | | | Conj. bulbi | | | | | | | | |
| Conj. tarsi sup. | | | | | | | Conj. tarsi sup. | | | | | | | | | | |
| Conj. tarsi inf. | | | | | | | Conj. tarsi inf. | | | | | | | | | | |
| Iris | | Linse | | | | | Iris | | VK / VH | | | | | | | | |
| VK / VH | | Endothel | | | | | Linse | | Endothel | | | | | | | | |
| Cornea | | | | | | | | | Cornea | | | | | | | | |
| Topometrie | | Messart sagittal / meridional | | | | Messwinkel ____° | | | | Topometrie | | sagittal / meridional | | | | Messwinkel ____° | |
| Zentralradien | | ____ / ____° | | | | ____ / ____° | | | | Zentralradien | | ____ / ____° | | | | ____ / ____° | |
| Periphere Radien | | NE | | | | | | | | Periphere Radien | | NE | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Ø NE | | AS Zentral ____ mm / ____ dpt | | | | Ø NE | | AS Zentral ____ mm / ____ dpt | | | | | | | | | |
| Ø NE horizontal | | Ø Zentralradien | | | | Ø NE horizontal | | Ø Zentralradien | | | | | | | | | |
| Ø NE vertikal | | Ø Peripherradien | | | | Ø NE vertikal | | Ø Peripherradien | | | | | | | | | |

