

DR. LORI LANDRIO
DR. KAREN DORMAN

NAME _____

DATE _____

CONTACT LENS INFORMATION

1. What type of contact lenses are you currently using?

Soft Soft Toric (astigmatism) Rigid Gas Permeable Other

2. What is the brand and the specifications of your lenses?

3. How often do you replace your lenses?

Daily disposable 2-week replacement Monthly replacement

Quarterly replacement 6-month replacement Yearly replacement

The last time I replaced my lenses was _____

4. What solutions do you use to care for your lenses?

____ Renu Multipurpose

____ Any lubricant?

____ Optifree Express

____ Any enzyme/protein remover?

____ Optifree Replenish

____ ClearCare

____ Complete

____ Other

5. How many hours/day do you usually wear your lenses? _____

6. How many days/week do you usually wear your lenses? _____

7. How old were you when you started wearing contact lenses? _____

8. Are you presently having any trouble with your contact lenses? _____