Progress Evaluation Form

Patient name: _____

Examination date:_____

Test Results for Progress evaluation # 1 # 2 # 3:

Visual Acuity Distance: OD 20/ OS 20/

Visual Acuity Near: OD 20/ OS 20/

Cover Test Distance: Eso Exo Ortho

Cover Test Near: Eso Exo Ortho

Near Point of Convergence Break (cm):

Near Point of Convergence Recovery (cm):

NRA (+ to blur):

PRA (- to blur):

Reflex Pupil

Maximum Diameter (mm):

Minimum Diameter (mm):

Doctor's name:_____

Doctor's email:_____

Doctor's Signature: _____