

Patient Problem Tracking Form for Optometrists Who Have Regular Business Relationships with Opticals

Patient: _____

Optician/OD

Original Rx Date: _____

Date: _____

Patient's Reported Problem:

	Previous Rx if available	New Rx
Rx age	_____	_____
Doctor	_____	_____
Lens material	_____	_____
PD,CT,BC	_____	_____
Seg/Lens Type	_____	_____
Seg Height	_____	_____
Coating	_____	_____
Frame Adjust	_____	_____
Decentration/Prism	_____	_____

Procedure	Complete Yes or No	Performed by	Comments	Date
Adjustment				
Fabrication error/Rx remade				
New Rx Dispensed				
Pt not satisfied/Apt with Doctor				
Second exam findings				
New Rx dispensed with changes				
Doctor/Optician 2 week				
Satisfaction call				
Other				