

PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

YES NO

- Y N 1. Do you wear glasses now?  
Y N 2. Are you happy with your current glasses?  
Y N 3. Do you have a problem with your lenses scratching?  
Y N 4. Do your eyes tire easily or feel strained?  
Y N 5. Do you have poor night vision when driving?  
Y N 6. Do glare and sunlight bother you?  
Y N 7. Are you aware of the benefits of prescription sunglasses?  
Y N 8. Do you have difficulty when reading?  
Y N 9. Do you have a problem reading small print?  
Y N 10. Is it difficult to read the dashboard when driving?  
Y N 11. Do you have trouble reading street signs when driving?  
Y N 12. Do you use a computer more than 2 hours per day?  
Y N 13. Do you need protective eye wear for hobbies or work?  
Y N 14. Do you participate in any sports? \_\_\_\_\_  
Y N 15. Are you aware that we carry sport goggles? \_\_\_\_\_  
Y N 16. Are you allergic to nickel or any other metals?
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### Quality Eye Care's Pledge to you.....

We're in the best position to give you the glasses that will make you happy. Dr. Yu has made it clear that he wants his patients to feel the same way about their glasses as they do their eye exams with him. If you get your glasses elsewhere, we have absolutely no control over the quality or service you receive. If you get your glasses here, we'll have no choice but to make sure you're happy; we absolutely cannot afford to lose you as a patient. So that you know you're getting a great pair of glasses at a great value, we have an unconditional guarantee: If you find the exact same pair of glasses at a lower price, we will refund the difference, and if you find them within the first month of your purchase, we'll also give you 10% of the difference. We also warranty the frames for two years at **NO** additional cost to you. Our optical is supervised by an optician who is certified by the American Board of Opticianry.

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For Office Use Only

Date of Current Rx \_\_\_\_\_

Tech \_\_\_\_\_ WantsRx \_\_\_\_\_ Post-catsx \_\_\_\_\_ Hold \_\_\_\_\_ Opt Busy \_\_\_\_\_ Wait MD

Opt Rec: SVD SVR PROG BIF Decl \_\_\_\_\_ Non-par Elsewear WantsCl  
UV ARC TINT TRANS SUN

RV Opt RV Ref

Complete \_\_\_\_\_ ChangeRx CheckPrism MD \_\_\_\_\_