

Personalized Eyewear Checklist

Our eyewear specialists look forward to working with you to select eyewear to meet all of your lifestyle needs. Completing the following list will allow us to match your wants and needs with the latest advances in frame and lens technology to create the *perfect* eyewear specifically designed for *you*. Feel free to print out the completed form and bring with you for your exam.

Name _____ Date Completed _____

I currently wear:

- Eyeglasses Prescription Sunglasses Readers Sport Goggles

I would like to change my current glasses to improve:

- Vision Comfort Look/Style

Please check all that apply:

- I have trouble seeing/driving at night
 Driving in bright sunlight bothers me
 I spend more than two or three hours a day at a computer
 I have a backup pair of glasses
 I would like to hear about Hi-Definition lenses
 I would like information about LASIK surgery

I participate in the following activities:

- Golfing Boating Fishing Skiing Jogging