SELECTION OF PATIENTS

In order to select a patient, the eye care professional should consider the patient’s medical history and current eye condition. A thorough history should be taken, including questions about any systemic or previous ocular problems, medications, allergies, and previous eye care. The patient should also be asked about their ability to follow instructions and their commitment to regular follow-up appointments. The eye care professional should also be aware of any conditions that may affect the patient’s ability to wear contact lenses, such as dry eye, keratoconus, or corneal dystrophies. If any of these conditions exist, the patient may not be a good candidate for contact lens wear. If the patient meets all the requirements, the eye care professional should then determine the appropriate lens parameters, such as power, base curve, and diameter. These parameters are required to ensure proper fit and comfort for the patient. If any of the requirements are not met, the patient may not be a good candidate for contact lens wear.

FITTING PROCEDURE

1. Initial Fitting Evaluation

Before fitting a patient, the eye care professional should conduct a thorough examination, including visual acuity testing, refraction, and slit lamp examination. The eye care professional should also assess the corneal topography and determine the curvature of the cornea. This information will be used to determine the appropriate lens parameters. The eye care professional should also check for any signs of keratitis, corneal ulcers, or other corneal diseases. If any of these conditions exist, the patient may not be a good candidate for contact lens wear.

2. Initial Lens Power Selection

The initial lens power selection should be based on the patient’s prescription and visual acuity. The eye care professional should use the measuring diagnostic lens to determine the correct power. The lens power should be adjusted to correct for any refractive errors and provide the best visual acuity. The eye care professional should also consider any visual preferences, such as near vision, reading, or driving.

3. Initial Lens Base Curve Selection

The base curve of the lens should be selected based on the patient’s normal blink and movement. The base curve should be selected to provide the correct amount of lens movement and provide the best fit. The eye care professional should consider the patient’s eye movement, corneal curvature, and the desired lens movement.

4. Initial Lens Diameter Selection

The initial lens diameter should be selected based on the patient’s individual eye size and the desired amount of lens movement. The eye care professional should consider the patient’s eye shape, corneal curvature, and the desired amount of lens movement.

5. Initial Lens Material Selection

The initial lens material should be selected based on the patient’s eye condition and the desired amount of lens movement. The eye care professional should consider the patient’s eye condition, corneal curvature, and the desired amount of lens movement.

6. Initial Lens Power Adjustment

The initial lens power adjustment should be made based on the patient’s visual acuity and the desired amount of lens movement. The eye care professional should consider the patient’s visual preferences, such as near vision, reading, or driving, and make adjustments to the power as necessary.

7. Initial Lens Base Curve Adjustment

The initial lens base curve adjustment should be made based on the patient’s eye movement and the desired amount of lens movement. The eye care professional should consider the patient’s eye movement, corneal curvature, and the desired amount of lens movement.

8. Initial Lens Diameter Adjustment

The initial lens diameter adjustment should be made based on the patient’s eye size and the desired amount of lens movement. The eye care professional should consider the patient’s eye shape, corneal curvature, and the desired amount of lens movement.

9. Initial Lens Material Adjustment

The initial lens material adjustment should be made based on the patient’s eye condition and the desired amount of lens movement. The eye care professional should consider the patient’s eye condition, corneal curvature, and the desired amount of lens movement.

10. Final Lens Power Selection

The final lens power selection should be based on the patient’s visual acuity and the desired amount of lens movement. The eye care professional should consider the patient’s visual preferences, such as near vision, reading, or driving, and make adjustments to the power as necessary.

11. Final Lens Base Curve Selection

The final lens base curve selection should be based on the patient’s eye movement and the desired amount of lens movement. The eye care professional should consider the patient’s eye movement, corneal curvature, and the desired amount of lens movement.

12. Final Lens Diameter Selection

The final lens diameter selection should be based on the patient’s eye size and the desired amount of lens movement. The eye care professional should consider the patient’s eye shape, corneal curvature, and the desired amount of lens movement.

13. Final Lens Material Selection

The final lens material selection should be based on the patient’s eye condition and the desired amount of lens movement. The eye care professional should consider the patient’s eye condition, corneal curvature, and the desired amount of lens movement.

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The final lens power adjustment should be made based on the patient’s visual acuity and the desired amount of lens movement. The eye care professional should consider the patient’s visual preferences, such as near vision, reading, or driving, and make adjustments to the power as necessary.

15. Final Lens Base Curve Adjustment

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The final lens diameter adjustment should be made based on the patient’s eye size and the desired amount of lens movement. The eye care professional should consider the patient’s eye shape, corneal curvature, and the desired amount of lens movement.

17. Final Lens Material Adjustment

The final lens material adjustment should be made based on the patient’s eye condition and the desired amount of lens movement. The eye care professional should consider the patient’s eye condition, corneal curvature, and the desired amount of lens movement.

18. Final Lens Power Selection

The final lens power selection should be based on the patient’s visual acuity and the desired amount of lens movement. The eye care professional should consider the patient’s visual preferences, such as near vision, reading, or driving, and make adjustments to the power as necessary.

19. Final Lens Base Curve Selection

The final lens base curve selection should be based on the patient’s eye movement and the desired amount of lens movement. The eye care professional should consider the patient’s eye movement, corneal curvature, and the desired amount of lens movement.

20. Final Lens Diameter Selection

The final lens diameter selection should be based on the patient’s eye size and the desired amount of lens movement. The eye care professional should consider the patient’s eye shape, corneal curvature, and the desired amount of lens movement.

21. Final Lens Material Selection

The final lens material selection should be based on the patient’s eye condition and the desired amount of lens movement. The eye care professional should consider the patient’s eye condition, corneal curvature, and the desired amount of lens movement.
For Astigmatism

Visibility Tinted Contact Lenses

INTRODUCTION

The product described herein is manufactured and provide type wearers with products with which they can effectively treat, correct, and then control their vision impairments. The contact lenses are made from polymers (polyvinyl alcohol) that are known to prevent infections, including the product described herein. The lenses are designed to be worn for a period of one to three months, for which they should be stored in a clean, dry environment. The lenses are available in various shapes, sizes, and colors, and are made to order.

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This package insert has been developed to provide eye care professionals with information necessary to treat patients effectively and control their vision impairments. The lenses are designed to be worn for a period of one to three months, for which they should be stored in a clean, dry environment. The lenses are available in various shapes, sizes, and colors, and are made to order.

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6. Special Fitting Considerations

Unilateral Lens Correction

- Have a tendency to drop or lag greater than 2.0mm on upgaze post-blink.
- Have a tendency to be uncomfortable and irritating with fluctuating vision.
- Should reorient within 5 to 10 blinks back to the same stabilized position.
- With your finger, gently rotate the lens approximately 45° to the temporal side. It should move toward the cornea, particularly with the blink.

4. Criteria of a Well-Fitted Lens

- Follow-up Care: 1. visually demanding situations such as operating potentially dangerous machinery in performing other potentially hazardous activities, and 2. working in the dark. Hence, a trial period should be suggested before prescribing the contact lenses to ensure that the patient can function safely with monovision. Transition contact lenses may not be optimal for such conditions.
- Have supplemental spectacles to wear over the monovision contact lenses.
- Emphasize the benefits of the clear near vision in straight ahead and upward conditions. If the CRITERIA OF A WELL FITTED LENS are not satisfied during the trial period, a monovision contact lens is usually not a successful long-term option. If the patient's vision compromise that may reduce visual acuity and depth perception is a serious vision problem, the patient may be a candidate for monovision with the Bausch + Lomb SofLens daily disposable Toric Contact Lens or another appropriate lens.
- Always prescribe the lens power for the near eye that provides optimal near acuity and which eye is to be corrected for near. Next determine the near add. With your finger, gently rotate the lens approximately 45° to the temporal side. It should move toward the cornea, particularly with the blink.

2. Follow-Up Care

Eye drops prescribed for the near eye that provide optimal near vision with the patient wearing correct distance vision with the other eye.

3. Papillary conjunctival changes may be indicative of an unclean and/or unappropriate lens wearing schedule. If the patient is wearing contact lenses for more than one power provides optimal reading performance, prescribe the least plus power. After a blink, is comfortable for the patient and provides satisfactory visual acuity.

6. Follow-Up Care

Besides, the indications should be modified during the trial period. A patient should be informed as soon as possible that the selection method is to be used for determining the near add. The patient should be informed as soon as possible that the selection method is to be used for determining the near add. The patient should be informed as soon as possible that the selection method is to be used for determining the near add. The patient should be informed as soon as possible that the selection method is to be used for determining the near add.

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