

Candidate ID # \_\_\_\_\_

Room # \_\_\_\_



**Clinical Skills Examination  
Ophthalmic Lens Evaluation - Station 1, Skill 7**

**Ophthalmic Lens Evaluation Form**

	SPHERE	CYLINDER	AXIS	DISTANCE OPTICAL CENTERS	NEAR OPTICAL CENTERS	HORIZONTAL PRISM	VERTICAL PRISM	CENTER THICKNESS
OD						0		
OS						0		
	BIFOCAL ADDITION POWER	BIFOCAL SEGMENT HEIGHT	BIFOCAL STYLE	BIFOCAL SEGMENT WIDTH	BASE CURVE	LENS MATERIAL	LENS TINT	B DIMENSION
OD			Flat-top			Glass	Clear	
OS			Flat-top			Glass	Clear	

**For SP Use Only: Frame ID # \_\_\_\_\_**