## **Record Keeping Checklist**

## Eyeglasses



As a best practice, records relating to eyeglasses should include (but not be limited to) the following:

Verification that eyeglasses are within tolerance and name of the person who completed the verification

Record of release of information to client or other relevant regulated health care professional (date, who released to, authorization)

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CLIENT INFORMATION:			LIFESTYLE CONSIDERATIONS:			Chamilton 1.14	
0	Full name, address, phone number, email Date of birth (if required)	address	<ul><li>Hobbies, daily activities</li><li>Work environment, occupation, work schedule</li></ul>			Standard 14: Record Keeping and Billing	
PRESCRIPTION:							
0	Copy of original Rx with client's name, name and signature of prescriber, and date of exam; OR  Copy of assessment record with client's name, name and licence number of optician authorized to conduct automated refractions, and date of assessment; OR  Previous Rx/Neutralization of current eyeglasses						
ASSESSMENT & MEASUREMENTS:				BILLING & PAYMENTS:			
0	Pupillary distance Optical centre Segment height	Vertex distance Pantoscopic tilt Other (relevant to the	ne type of eyegla	asses)		payment (amount and type) ty billing authorizations or notations	
FRAME INFORMATION:			LEN	LENS INFORMATION:			
0	Manufacturer, model, and colour Box Measurements (A, B, DBL, ED)	SKU (client's own fra Material and Shape				ve, bifocal, trifocal, computer, etc.) of photochromic/tinted lenses  Base curve Brand and design	
OTHER INFORMATION:							
0	Name of optician responsible for client care (for initial order and for follow-up visits)  Date promised						