



Company

### Vision Testing Assessment Record for Eyeglass

Name		Date of Birth
Address		
City	Province	Postal Code
Date of Vision Test		Ref. #

Vision Test		Sph.	Cyl.	Axis	Base
D.V.	O.D.				
	O.S.				
N.V.	O.D.				
	O.S.				
Interpupillary Distance =					

Other information: \_\_\_\_\_

I have conducted a vision test on the above-named, in accordance with the *Opticians Regulation*, with the following result:

- Assessment record as above.
- No assessment record was produced.
- No change from present assessment record is necessary.
- Referred to a prescriber.

Name and Address of Licensed Optician's Practice:
---

Date of next vision test: \_\_\_\_\_

Certified automated refracting optician's name: \_\_\_\_\_

Signature: \_\_\_\_\_ Registration No.: \_\_\_\_\_