

Assessment Record

CLIENT NAME:

ADDRESS:

Unit, number, and street name

City

Province

Postal code

DATE OF
ASSESSMENT
RECORD:

M

M

D

D

Y

Y

Y

Y

	Sphere	Cylinder	Axis
O.D.			
O.S.			
PUPILLARY DISTANCE			
OTHER INFORMATION:			

I have conducted an automated refraction on the above-named client, in accordance with the *Opticians Regulation*, with the following result:

- ☐ Assessment record as recorded above
- ☐ No assessment record was produced
- ☐ Referred to a prescriber

Name and address of Licensed Optician's practice:

OPTICIAN NAME:

OPTICIAN SIGNATURE:

OPTICIAN LICENCE #: