

# Turning Eyeglasses Into *My Glasses*<sup>™</sup>



## You've Come to The Right Place!

Before you buy your new glasses here today, we wanted to provide you with information that will help us create a pair of glasses that best fits your vision needs, your lifestyle, and offers you comfort and protection for your eyes. Enjoy your visit today. Please fill out this EyeGlass Guide and we will help you turn "eyeglasses" into "My Glasses!"

I wear:  Contacts  Glasses  No vision correction

I have difficulty when I (*even while wearing my contacts or glasses*):

- Read newspaper/books  See steps  Do computer work  Sew  Read traffic signs  
 Enjoy recreational activities  Watch TV  Drive in the  night  day

I currently have problems with:

- Glare  Halos around lights  Blurred vision  Fluorescent lights  Tired eyes/fatigue  
 Headaches/Migraines  Seeing in dim light  Poor night vision  Eyestrain

I enjoy the following hobbies/activities (ie: golfing, reading, swimming, etc.):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### If you wear glasses or contacts, please answer the following questions:

- Are you happy with your current glasses or contacts?  YES  NO  
Do you currently have more than one pair of glasses?  YES  NO  
If yes, reason: \_\_\_\_\_  
Are you happy with your reading and distance vision?  YES  NO  
Do you use a computer frequently?  YES  NO  
If yes, how many hours average per day? \_\_\_\_\_  
Do you do a lot of driving?  YES  NO  
Are you familiar with new treatments that strengthen your spectacle lenses, are easier to clean, and dramatically reduce glare?  YES  NO  
Are you interested in Contact Lenses? Bifocal Contact Lenses?  YES  NO  
Do you require additional safety features in your glasses?  YES  NO  
UV Rays from the sun have been shown to cause harm to your eyes.  
Are you concerned about protecting your eyes from UV Rays?  YES  NO  
Do you wear sunglasses?  YES  NO If yes, are they *polarized* lenses?  YES  NO

- I would like to know about all the options regarding my eyecare today  I AGREE  
I would like to know the overview of my eyes and relevant options for my needs today  I AGREE

#### Please let us know which of the following services you may be interested in learning more about:

- LASIK (Laser Vision Correction)  Cataract Surgery  Vision Therapy/Sports Vision Training  
 Lens Implants  Multifocal Lens Implants  Vitamin Supplements for eyes and health  
 Other \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_