



SUPERVISORY FRAMEWORK - OPTICIAN (DISPENSING ONLY)

Supervisee's Details:

Name : _____

Registration No. : _____

Registration Expiry Date : _____

Place of Practice : _____

Address of Practice : _____

Supervisor's Details:

Name : _____

Registration No. : _____

Place of Practice : _____

Address of Practice : _____

CASE RECORD SUMMARY LOG FOR OPTICIAN (DISPENSING ONLY)

*RTMS: Re-threading metal supras (at least 5 cases)
 SMS: Shortening metal sides (at least 5 cases)
 SPL: Springing lenses into plastic frames (at least 5 cases)

S/N	Patient Code No.	Case Type	Specify* RTMS/SMS/SPL	Case No.	Date of Visit	Supervisor's Signature
1		Bifocal		DBF1		
2		Bifocal		DBF2		
3		Bifocal		DBF3		
4		Multifocal		DMF4		
5		Multifocal		DMF5		
6		Multifocal		DMF6		
7		Multifocal		DMF7		
8		Multifocal		DMF8		
9		Multifocal		DMF9		
10		Multifocal		DMF10		
11		Multifocal		DMF11		
12		Multifocal		DMF12		
13		Multifocal		DMF13		
14		Multifocal		DMF14		
15		Multifocal		DMF15		
16		Multifocal		DMF16		
17		Multifocal		DMF17		
18		Multifocal		DMF18		
19		Anisometropia		DAN19		
20		Anisometropia		DAN20		
21		Anisometropia		DAN21		
22		Anisometropia		DAN22		
23		Anisometropia		DAN23		
24		One Seeing Eye Patient		DOE24		
25		One Seeing Eye Patient		DOE25		
26		*Single Vision (A / B / C)		DSV26		
27		*Single Vision (A / B / C)		DSV27		
28		*Single Vision (A / B / C)		DSV28		
29		*Single Vision (A / B / C)		DSV29		
30		*Single Vision (A / B / C)		DSV30		

S/N	Patient Code No.	Case Type	Specify* RTMS/SMS/SPL	Case No.	Date of Visit	Supervisor's Signature
31		#Single Vision (A / B / C)		DSV31		
32		#Single Vision (A / B / C)		DSV32		
33		#Single Vision (A / B / C)		DSV33		
34		#Single Vision (A / B / C)		DSV34		
35		#Single Vision (A / B / C)		DSV35		
36		#Single Vision (A / B / C)		DSV36		
37		#Single Vision (A / B / C)		DSV37		
38		#Single Vision (A / B / C)		DSV38		
39		#Single Vision (A / B / C)		DSV39		
40		#Single Vision (A / B / C)		DSV40		

Remarks: Indicate the type of cases

Qualifying Criteria for Case:

Dispensing Case Categories	No of Cases
Multifocal/ Bifocal	18 cases
Anisometropia (Difference in power must be $\geq \pm 2.00D$ <u>between both eyes</u>)	5 cases
One Seeing Eye Patient (VA $\leq 6/60$ in at least one eye, with dispensing considerations for eye protection)	2 cases
Single Vision (15 cases) a) Prescription with +/- 5D and above b) Astigmatism above 2.50D c) Prescription below +/- 5D	at least 5 cases at least 5 cases optional
Total	40 cases

DISPENSING RECORD

Patient Code no.: Case no.:
Date of Visit:
Occupation:

Age/Race/Gender:

SPECTACLE ORDER DETAILS

Given Prescription

	Sphere	Cyl	Axis	Prism	Base	Add	BVD
RE							
LE							

Measurements

	RE	LE
Monocular Distance PD		
Monocular Near PD		
Segment Height		

Frame Details

Brand Name: Type/ Material:
Model: Colour: Size:

Lens Details

Brand Name: Type/ Material:
Coating: Supplier:

SPECTACLE VERIFICATION

Date:

	Monocular PD	Sphere	Cyl	Axis	Prism D	Add
RE	mm					
LE	mm					

Frame Type/ Material..... Frame Model.....
Lens Type/ Material..... Lens Coating.....
Bifocal: Seg Hgt: R.....mm L.....mm Seg Dia:mm Progressive: Fitting Hgt: R.....mm L.....mm
Accepted / Rejected Reasons

SPECTACLE DISPENSING

Date:.....

VA	RE	LE	Both Eyes
Distance			
Near			@.....cm Range:.....-.....cm

Comments / Remarks

Signature and Name of Supervisee / Date

Signature and Name of Supervisor / Date