



**SUPERVISORY FRAMEWORK -  
OPTICIAN (REFRACTION & DISPENSING)**

**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 (REFRACTION & DISPENSING)**

\*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)

Refraction & Dispensing Cases						
S/N	Patient Code No.	Type	Specify* RTMS/SMS/SPL	Case No.	Date of Visit	Supervisor's Signature
1		Presbyopia		RPB1		
2		Presbyopia		RPB2		
3		Presbyopia		RPB3		
4		Presbyopia		RPB4		
5		Presbyopia		RPB5		
6		Presbyopia		RPB6		
7		High Myopia		RHM7		
8		High Myopia		RHM8		
9		High Myopia		RHM9		
10		High Myopia		RHM10		
11		High Myopia		RHM11		
12		High Astigmatism		RHA12		
13		High Astigmatism		RHA13		
14		High Astigmatism		RHA14		
15		High Astigmatism		RHA15		
16		High Astigmatism		RHA16		
17		Hyperopia		RHP17		
18		Hyperopia		RHP18		
19		Hyperopia		RHP19		
20		Hyperopia		RHP20		
21		Hyperopia		RHP21		
22		Anisometropia		RAM22		
23		Anisometropia		RAM23		
24		Anisometropia		RAM24		
25		Anisometropia		RAM25		

S/N	Patient Code No.	Type	Specify* RTMS/SMS/SPL	Case No.	Date of Visit	Supervisor's Signature
26		Anisometropia		RAM26		
27		Aided VA ≤ 6/12		RAV27		
28		Aided VA ≤ 6/12		RAV28		
29		Aided VA ≤ 6/12		RAV29		

### Dispensing Case Only

S/N	Patient Code No.	Type	Specify* RTMS/SMS/SPL	Case No.	Date of Visit	Supervisor's Signature
30		One Seeing Eye Patient		ROE30		

### Qualifying Criteria for Case:

Refraction and dispensing case categories		
Case Type	Qualifying Criteria	No of cases
Presbyopia	Progressive and/ or bifocal glasses dispensing only	6 cases
High Myopia	Degree of myopia ≥ -5.00D in <u>at least one eye</u>	5 cases
High Astigmatism	Degree of astigmatism ≥ -2.50D in <u>both eyes</u>	5 cases
Hyperopia	Hyperopia in <u>both eyes</u>	5 cases
Anisometropia	Difference in power must be ≥ ±2.00D <u>between both eyes</u>	5 cases
Aided VA ≤ 6/12	Best corrected VA remains at ≤ 6/12 in <u>at least one eye</u> during first visit Pre-diagnosed or pre-existing cases are <b>not</b> acceptable Must include referral and follow-up; need not proceed with optical dispensing if the condition does not allow	3 cases
Total		29 cases

Each refraction and dispensing case must include **both** refraction and dispensing records

Dispensing case category		
Case Type	Qualifying Criteria	No of case
One Seeing Eye Patient	VA must be ≤ 6/60 in <u>at least one eye</u> Must demonstrate dispensing considerations for eye protection	1 case

Dispensing case must include dispensing record; not required to include refraction record

### List of Abbreviations used in Case Record Template:

SN.	Abbreviations	Meaning
1	AMD	Age-related Macular Degeneration
2	BIF	Bifocal Glasses
3	CL	Contact Lens
4	DM	Diabetes Mellitus
5	HTN	Hypertension/High Blood Pressure
6	PAL	Progressive Addition Lens/Multifocal Glasses
7	SVD	Single Vision Distance
8	SVN	Single Vision Near
9	VA	Visual Acuity

# REFRACTION RECORD

Patient Code no.: ..... Case no.: .....

Date of Visit: .....

Occupation: .....

Age/Race/Gender: .....

## HISTORY

Chief Complaint(s) & Reason(s) for Visit .....

Blurred vision, (right / left / both eyes), (with / no glasses), (distance / near), (constant / intermittent), onset: .....

Personal General Health  DM  HTN  Others,..... Date of Last Medical Exam: .....

Personal Ocular Health  Cataract  Glaucoma  AMD  Injuries  Surgeries

Others,..... Date of Last Eye Exam: .....

Refractive History (use of visual appliances)  SVD  SVN  BIF  PAL  CL  Others.....

Family General Health  DM  HTN  Others,.....

Family Ocular Health  Cataract  Glaucoma  AMD  Others,.....

Medications/Allergies .....

Visual Tasks & Duration  Driving, .....  Computer, .....  Reading, .....  Others,.....

Other Observations .....

## CURRENT SPECTACLE DETAILS

Date Prescribed: ..... Type of Lenses: ..... Optical Centre: .....

	RE	LE
<b>Distance prescription (VA)</b>	...../ .....X ..... ( )	...../ .....X ..... ( )
<b>Near Add (VA @ __ cm) (for progressive/bifocal)</b>	..... ( ____ @ ____ cm)	..... ( ____ @ ____ cm)
<b>Reading prescription/Near single vision (VA @ __ cm) (if applicable)</b>	...../ .....X ..... ( ____ @ ____ cm)	...../ .....X ..... ( ____ @ ____ cm)

## REFRACTION ASSESSMENT

Pupillary Distance (Distance & Near): .....

		RE	LE
<b>Unaided VA (if applicable)</b>	<b>Distance</b>		
	<b>Near</b>		
<b>Auto-refractor/Retinoscopy (VA)</b>		...../ .....X ..... ( )	...../ .....X ..... ( )
<b>Subjective Refraction (VA)</b>		...../ .....X ..... ( )	...../ .....X ..... ( )
<b>Near Add (VA @ __ cm) (if applicable)</b>		..... ( ____ @ ____ cm)	..... ( ____ @ ____ cm)
<b>Pinhole VA (if applicable)</b>			

**MANAGEMENT**

Prescription Dispensed:

	<b>RE</b>	<b>LE</b>
Prescription (VA) (Distance/Near)	...../ .....X ..... ( )	...../ .....X ..... ( )
Near Add (VA @ __ cm) (if applicable)	..... ( ____@ ____cm)	..... ( ____@ ____cm)

Frame & Lenses Dispensed:

Frame	
Lenses	

Management/Advice Given:

.....

.....

.....

.....

.....

Referral (if applicable) (Please **attach** a copy of referral letter):

.....

.....

.....

Follow-up Actions (after referral):

.....

.....

.....

.....

**Please be informed that you must inform the patient that this is not a full eye examination**

\_\_\_\_\_  
Signature and Name of Supervisee / Date

\_\_\_\_\_  
Signature and Name of Supervisor / Date

Patient Code no.: ..... Case no.: .....

# DISPENSING RECORD

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