

Scleral Lens Fitting Check List

OD LENS

OS LENS

Step 1) INITIAL LENS SELECTION

Base Curve/Power _____

Base Curve/Power _____

Fitting Set Lens No. _____

Fitting Set Lens No. _____

Step 2) LENS INSERTION & STABILIZATION

Inserted @ _____ AM/PM

Inserted @ _____ AM/PM

No Bubble Observed

No Bubble Observed

(Allow Lens to Stabilize for a minimum of 30 min.)

(NOTE: Expect lens to settle an additional 50 μm within 4 hours)

Step 3a) EVALUATE APICAL CLEARANCE

Centration _____

Centration _____

Central Clearance (μm) _____

Central Clearance (μm) _____

Step 3b) EVALUATE LIMBAL CLEARANCE

Ant Seg Scans @ _____ AM/PM

Ant Seg Scans @ _____ AM/PM

Clearance Pattern: (Slit Lamp or OCT)

Clearance Pattern: (Slit Lamp or OCT)

Superior (μm) _____

Superior (μm) _____

Nasal (μm) _____ Temporal (μm) _____

Nasal (μm) _____ Temporal (μm) _____

Inferior (μm) _____

Inferior (μm) _____

Step 3c) EVALUATE LANDING ZONE FIT

Etch Mark Locations _____

Etch Mark Locations _____

Conj Blanching (Location) _____

Conj Blanching (Location) _____

Impingement (Location) _____

Impingement (Location) _____

Edge Lift (Location) _____

Edge Lift (Location) _____

Step 4) FINAL POWER

SOR/SCOR: _____

SOR/SCOR: _____

Final Step) OVERALL EVALUATION

Comfort _____

Comfort _____

Lens Wetting _____

Lens Wetting _____

Fogging _____

Fogging _____

Debris / Protein Accumulation _____

Debris / Protein Accumulation _____

Comments _____

Comments _____

