

Turning Eyeglasses Into *My Glasses*[™]



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 _____