

Candidate Number: \_\_\_\_\_

# THE COLLEGE OF OPTOMETRISTS

## FINAL ASSESSMENT

### CONTACT LENS FITTING RECORD

Patients' Initials .....Age .....

Occupation .....

Date of last examination .....

P.D. ....

Pre-Fitting Measurements

Soft Fitting

Rigid Fitting

Specification for soft lenses

Specification for rigid gas permeable lenses