

ABDO Pre-Qualification Period Portfolio

ABDO Membership Number: _____ (please state on each sheet)

Tracking Sheet of Dispensing Tasks

| Date | Frame Fitting | | | Adjustments | | | Checking | | | | Supervisor signature (please also check and sign totals) |
|---------------------------|---------------|--------------------|-----------|-------------|--------------------|-----------|-------------|--------------------|------------------|-----------|---|
| | Bifs & PPLS | Powers over +/- 10 | Remainder | Bifs & PPLS | Powers over +/- 10 | Remainder | Bifs & PPLS | Powers over +/- 10 | Prescribed prism | Remainder | |
| | 50 | 10 | 190 | 50 | 10 | 190 | 100 | 20 | 5 | 125 | |
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| Sheet Totals | | | | | | | | | | | |
| Accumulated Totals | | | | | | | | | | | |
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