**ABDO Case Record form for the Pre-Qualification Period Portfolio**

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| **Case number:** |  |  |  |  | **ABDO Membership number** |  |
|  |  |
| **Category:** |  | |  |

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| **Name of Supervisor involved in related patient record** | **Date of Dispense on related patient record** |
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| **Occupation** |  | **Age** |  |
|
| **Hobbies** |  | | |
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| **Right** | **Sph** | **Cyl** | **Axis** | **Prism** | **Base** |  | **Left** | **Sph** | **Cyl** | **Axis** | **Prism** | **Base** |
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| **Addition** | |  | | |  | **Addition** | |  | | |

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| **Frame details** |
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| **Lens and centration details** |
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| **Fitting and adjustments** |
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| **Additional information** |
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| *(box will expand on typing)* |

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| **Supervisor Declaration for case record no. \_\_ for ABDO candidate no. \_\_\_\_\_\_** |
| I confirm that I have checked this record for accuracy, content and authenticity against the related patient record held in my practice. I can provide ABDO with an anonymised copy of the related patient record if requested.   |  |  |  | | --- | --- | --- | |  |  |  |   Signed by Supervisor Date Checked and Signed |