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

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

|  |  |
| --- | --- |
| **Name of Supervisor involved in related patient record** | **Date of Dispense on related patient record** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Occupation** |  | **Age** |  |
|
| **Hobbies** |  |
|

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Right** | **Sph** | **Cyl** | **Axis** | **Prism** | **Base** |  | **Left** | **Sph** | **Cyl** | **Axis** | **Prism** | **Base** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |
| **Addition** |   |  | **Addition** |   |

|  |
| --- |
| **Frame details** |
|
|
|
|
|

|  |
| --- |
| **Lens and centration details** |
|
|
|
|
|

|  |
| --- |
| **Fitting and adjustments** |
|
|
|

|  |
| --- |
| **Additional information**  |
|
| *(box will expand on typing)* |

|  |
| --- |
| **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 |