

ABDO Case Record form for the Pre-Qualification Period Portfolio

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|--------------|--|--|
| Case number: | | |
| Category: | | |

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|------------------------|--|
| ABDO Membership number | |
|------------------------|--|

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

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

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

| | Sph | Cyl | Axis | Prism | Base |
|------|----------|-----|------|-------|------|
| Left | | | | | |
| | | | | | |
| | 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

Supervisor Declaration:

**Case
number:**

**Candidate ABDO
Membership 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