

ABDO Case Record Authentication for the Pre-Qualification Period Portfolio



This form should only be used when a student moves to a different practice and the authenticity of the patient record cannot be verified for audit purposes. The form should be signed and dated by the current supervisor before the student moves practice.

I am signing to confirm that candidate
 ABDO No. Name worked under my
 supervision at practice
 during the period

I confirm that the record below was completed under my supervision within the practice listed above and that the patient is real and the case record is a true reflection of the dispensing scenario.

| | | | |
|--------------|--|------------------------|--|
| Case number: | | ABDO Membership number | |
|--------------|--|------------------------|--|

| | |
|----------|--|
| Category | |
|----------|--|

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

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

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

| | |
|---|---|
| Supervisor Declaration: | |
| <p>I confirm that I have checked this record for accuracy, content and authenticity against the related patient record held in my practice. I would be able to provide ABDO with an anonymised copy of the related patient record if the candidate listed above is selected for a random audit as part of the ABDO ongoing quality assurance process.</p> | |
| <input type="text"/> Signed by Supervisor | <input type="text"/> Date Checked and Signed |

August 2019

