**ABDO Case Record form (01 -49) 2023 Syllabus**

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

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| --- | --- |
| **Name of PEL/PTS (delete as appropriate)** | **Date of Dispense** |
|  |  |

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| --- | --- | --- | --- |
| **Occupation** |  | **Age** |  |
|
| **Hobbies** |  | | |
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| **Right** | **Sph** | **Cyl** | **Axis** | **Prism** | **Base** | **Vertex Dist.** | **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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| **Any 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 PEL\*/PTS\* (\*delete as appropriate) Date checked and signed |