

# KeraSoft® IC Dynamic Assessment Form

Please ensure all shaded areas are completed and any additional information is entered into the Comments area.

For Movement/Rotation/Centration/Comfort/Visual Acuity, please circle the relevant text.

Patient Name/Ref: .....

Account No: .....

Date: .....

**RE Material: SiH / 77%**

<b>Lens Parameters:</b> .....				<b>Order No:</b> .....		
	<b>Straight Ahead Gaze</b>			<b>Upward Gaze</b>		
<b>Movement</b>	<1 mm	1-3 mm	>3 mm	<1 mm	1-3 mm	>3 mm
<b>Rotation</b>	Amount: .....	CW	Anti-CW	Amount: .....	CW	Anti-CW
	Stable	Limited Swing	Erratic Swing	Stable	Limited Swing	Erratic Swing
<b>Centration (FOZ Position)</b>	Central		Decentred	Central	Drops to Limbus	Drops below Limbus
<b>Comfort</b>	Good		Uncomfortable in 1 position	Generally Edgy	Other*	
<b>Visual Acuity</b>	VA: .....		No Fluctuation after Blink	Clearer after Blink	Worse after Blink	
<b>Comments:</b> * Add any further observations in this section						

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	Stable	Limited Swing	Erratic Swing	Stable	Limited Swing	Erratic Swing
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<b>Visual Acuity</b>	VA: .....		No Fluctuation after Blink	Clearer after Blink	Worse after Blink	
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