

## Scleral Lens Fitting Check List

### OD LENS

### OS LENS

#### Step 1) INITIAL LENS SELECTION

- Base Curve/Power \_\_\_\_\_  
 Fitting Set Lens No. \_\_\_\_\_

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 Fitting Set Lens No. \_\_\_\_\_

#### Step 2) LENS INSERTION & STABILIZATION

- Inserted @ \_\_\_\_\_ AM/PM  
 No Bubble Observed

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 No Bubble Observed

*(Allow Lens to Stabilize for a minimum of 30 min.)*  
*(NOTE: Expect lens to settle an additional 50 μm within 4 hours)*

#### Step 3a) EVALUATE APICAL CLEARANCE

- Centration \_\_\_\_\_  
 Central Clearance (μm) \_\_\_\_\_

- Centration \_\_\_\_\_  
 Central Clearance (μm) \_\_\_\_\_

#### Step 3b) EVALUATE LIMBAL CLEARANCE

- Ant Seg Scans @ \_\_\_\_\_ AM/PM  
 Clearance Pattern: (Slit Lamp or OCT)  
     Superior (μm) \_\_\_\_\_  
     Nasal (μm) \_\_\_\_\_    Temporal (μm) \_\_\_\_\_  
     Inferior (μm) \_\_\_\_\_

- Ant Seg Scans @ \_\_\_\_\_ AM/PM  
 Clearance Pattern: (Slit Lamp or OCT)  
     Superior (μm) \_\_\_\_\_  
     Nasal (μm) \_\_\_\_\_    Temporal (μm) \_\_\_\_\_  
     Inferior (μm) \_\_\_\_\_

#### Step 3c) EVALUATE LANDING ZONE FIT

- Etch Mark Locations \_\_\_\_\_  
 Conj Blanching (Location) \_\_\_\_\_  
 Impingement (Location) \_\_\_\_\_  
 Edge Lift (Location) \_\_\_\_\_

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#### Step 4) FINAL POWER

- SOR/SCOR: \_\_\_\_\_  
 \_\_\_\_\_

- SOR/SCOR: \_\_\_\_\_  
 \_\_\_\_\_

#### Final Step) OVERALL EVALUATION

- Comfort \_\_\_\_\_  
 Lens Wetting \_\_\_\_\_  
 Fogging \_\_\_\_\_  
 Debris / Protein Accumulation \_\_\_\_\_  
 Comments \_\_\_\_\_

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 Lens Wetting \_\_\_\_\_  
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