**KIDS COUNT TOO, INC.**
**Foster Care Agency**

EYE SPECIALIST FORM

CHILD'S NAME ________________________________________ DATE ___________________

VISUAL ACUITY: WITH GLASSES R __________ L _________ BOTH _________

WITHOUT GLASSES R___________ L _________ BOTH _________

DIAGNOSIS, IF INDICATED: ____________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

GLASSES PRESCRIBED: YES _______ NO ______________

RECOMMENDATION FOR WEARING GLASSES: __________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

COMMENTS: ________________________________________________________________________
______________________________________________________________________________________

OPTOMETRIST'S NAME: ______________________________

ADDRESS: ____________________________

PHONE NUMBER: _______________________

SIGNATURE: _____________________________
SPECIALIST

<table>
<tr><td></td><td></td><td>SPHERE</td><td>CYLINDER</td><td>AXIS</td><td>PRISM</td><td>BASE</td><td>ORTHOGON</td></tr>
<tr><td rowspan="4">DISTANCE</td><td rowspan="2">R</td><td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td>PANOPTIK TRI-FL</td></tr>
<tr><td>SOFTLITE 1 2 3 4</td></tr>
<tr><td rowspan="2">L</td><td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td rowspan="2"></td><td>RAYBAN 1 2 3</td></tr>
<tr><td>PANOPTIC</td></tr>
<tr><td rowspan="4">READING</td><td rowspan="2">R</td><td rowspan="2"></td><td rowspan="2"></td><td rowspan="4" colspan="3"></td><td>UNIVIS</td></tr>
<tr><td>ORTHOGON D</td></tr>
<tr><td rowspan="2">L</td><td rowspan="2"></td><td rowspan="2"></td><td>UNIVIS CV L</td></tr>
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