

## Computer-Related Eye Treatment

Patient Name: \_\_\_\_\_ Date of services \_\_\_\_\_

This prescription for eyewear and/or eye care services is related to your work at a computer:

\_\_\_\_ The glasses required for work at the computer are different in prescription power or design from those required for other general daily vision needs.

\_\_\_\_ The glasses or other treatment would not be required for a less visually demanding job.

### Diagnosis:

\_\_\_\_ Presbyopia (367.4) – work-specific prescription or lens design

\_\_\_\_ Hyperopia (367.0) – near correction required due to high visual demand

\_\_\_\_ Astigmatism (367.2) – near correction required due to high visual demand

\_\_\_\_ Heterophoria (378.4) - glasses prescribed for a near heterophoria causing symptoms

\_\_\_\_ Convergence Insufficiency (378.83) - vision therapy

\_\_\_\_ Disorder of Accommodation (367.5) – near correction required due to high visual demand

\_\_\_\_ Disorder of Accommodation (367.5) – vision therapy

\_\_\_\_ Dry Eye (375.15) - treatment

\_\_\_\_ Other, specify \_\_\_\_\_

### Treatment:

Rx: OD \_\_\_\_\_ OS \_\_\_\_\_ Add: \_\_\_\_\_

Lens Design: \_\_\_\_\_

Other treatment: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_