

SCHOOL OF OPTOMETRY 眼科視光學院

Date:		

Dry Eve Management / Specialty Contact lens fitting Referral Form

			To: Optometry Clinic, School of Optometry, Room A034, The Hong Kong Polytechnic University				
Tel:			e-submission: https://polyu.hk/wmHZd				
			Tel: 2766 5225	Fax:	2362 5440		
Patient name:			Gender:	M/F	Age:		
Your Ref:			Tel:				
Reason of referral							
leason of referral							
Diagnosis / Purp	ose: Keratoconu	s / PMD / Post	t-LASIK ectasia / Post	graft cornea	/ Post-traumatic		
cornea / Irregula	ar cornea / Color	vision deficien	cy / Corneal scar (co	smetic reaso	n) / Dry eye syndrom		
Others:			·				
would like to refer t	he above patient f	or the followin	g assessment(s) ^a :				
Dry eye assessme	nt		НК \$900				
Management opt	ions: (1) Activa		HK \$3,300 (4 sessions)				
(2) Rexoneye			HK \$6,800 (4 sessions)				
Specialty contact (Price of CL: \$2,400	_	year, subsequent	CL aftercare: \$450/visit	HK \$800)		
Subjective refractio	n:						
	Sphere	Cylinder	Axis	Add	VA		
RE		-					