



BOSTON SIGHT

SCLERAL

## MyFitReport™

# How are your BostonSight SCLERAL patients doing?

*Get feedback about their experience.*

This program is designed to make it easy for you, your staff, and your patients to participate.

## How it works:



Give each patient who is prescribed BostonSight SCLERAL a baseline survey (see sample provided). We will provide you with a patient invite and survey with each patient's initial BostonSight SCLERAL lens shipment.



Ask your patient to complete the baseline survey in the office, place it in the postage-paid envelope provided, and hand it to the office staff to be included in outgoing mail.



At least one week after receiving BostonSight SCLERAL, your patient will be reminded by email to complete a brief follow-up survey online.



Upon completion of both surveys, you will receive an Individual Patient MyFitReport (see sample on reverse side) and your patient will receive a complimentary **Scleral Lens Emergency Kit**.



Individual patient survey responses are shared only with you. The MyFitReport you receive for each patient is designed to help your patient communicate about his or her experience using BostonSight SCLERAL.

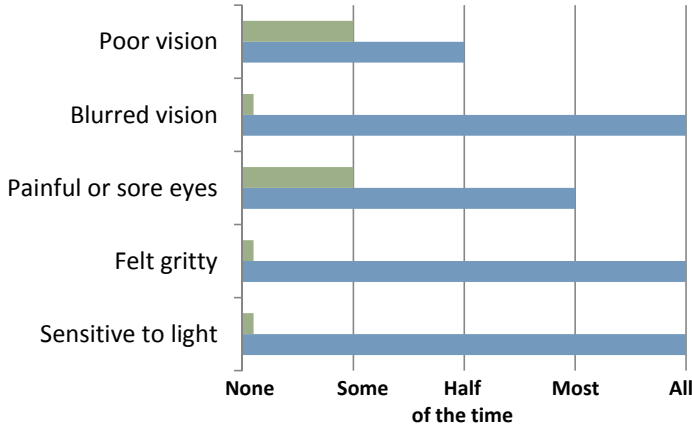
*For questions about the program or to order more patient invitations, please call 1-888-SCLERAL.*

■ With BostonSight SCLERAL

■ Prior to BostonSight SCLERAL

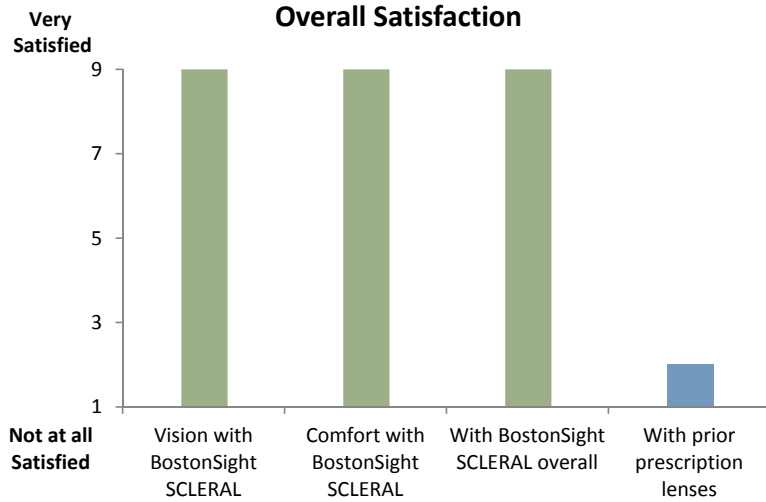
**Eye Assessment – Ocular Surface Disease Index® (OSDI®)**

**Eye Experience**

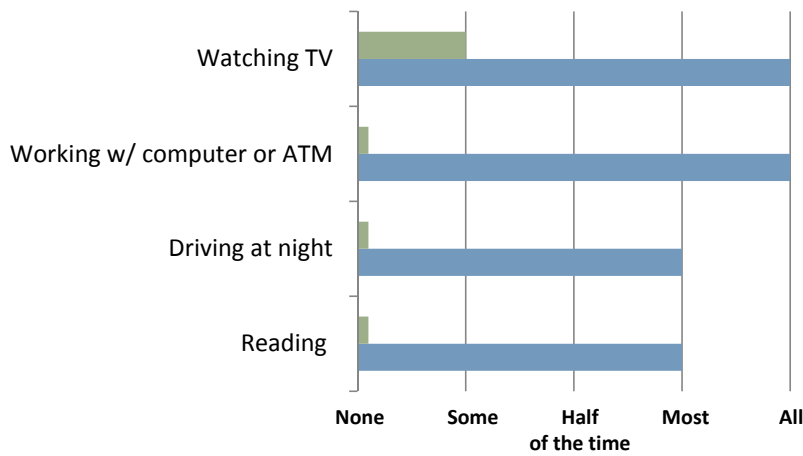


**Prior Prescription Lenses Tried**

More than 4



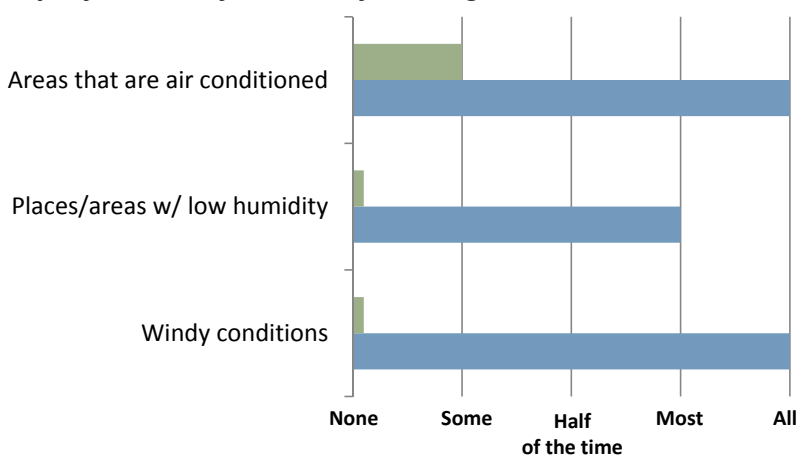
**Problems with eyes limited performance in...**



**Intent to Continue**

Yes  Maybe  No

**Eyes felt uncomfortable in following situations...**



**Recommend to Others**

Yes  Maybe  No

**For Discussion With Your Patient**

| Topics Offered   | Your Patient Requested              |
|--|-------------------------------------|
| Cleaning/disinfection protocol                             | <input type="checkbox"/>            |
| What to expect from treatment, i.e. ocular health benefits | <input checked="" type="checkbox"/> |
| Application/removal tips                                   | <input checked="" type="checkbox"/> |

**Final OSDI® Score**

