MyFitReport™

How are your BostonSight SCLERAL patients doing?

Get feedback about their experience.

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.
Beyond the Fit™ – MyFitReport™  
Individual Report for Sample Patient: DOB 09/24/1969  
Date of Surveys: January 6, 2019 / February 2, 2019

**Eye Experience**

- Poor vision
- Blurred vision
- Painful or sore eyes
- Felt gritty
- Sensitive to light

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

- Watching TV
- Working w/ computer or ATM
- Driving at night
- Reading

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

- Areas that are air conditioned
- Places/areas w/ low humidity
- Windy conditions

**Final OSDI® Score**

- With BostonSight SCLERAL: 91
- Prior to BostonSight SCLERAL: 18

**Prior Prescription Lenses Tried**

- More than 4

**Overall Satisfaction**

- Very Satisfied: 3

**Intent to Continue**

- Yes: X
- Maybe: 
- No: 

**Recommend to Others**

- Yes: X
- Maybe: 
- No: 

**For Discussion With Your Patient**

- Cleaning/disinfection protocol: 
- What to expect from treatment, i.e. ocular health benefits: X
- Application/removal tips: X