Beyond the Fit™ – MyFitReport™
Individual Report for Sample Patient: DOB 09/24/1975
Date of Surveys: May 6, 2020 / June 2, 2020

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

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

Prior Prescription Lenses Tried
- More than 4

Overall Satisfaction

Intent to Continue
- Yes [X]
- Maybe [ ]
- No [ ]

Recommend to Others
- Yes [X]
- Maybe [ ]
- No [ ]

For Discussion With Your Patient

Topics Offered | Your Patient Requested
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Cleaning/disinfection protocol | [ ]
What to expect from treatment, i.e. ocular health benefits | [X]
Application/removal tips | [X]