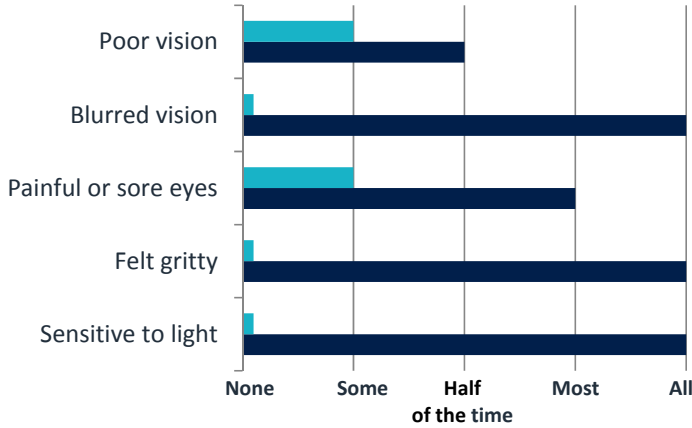


■ With BostonSight SCLERAL

■ Prior to BostonSight SCLERAL

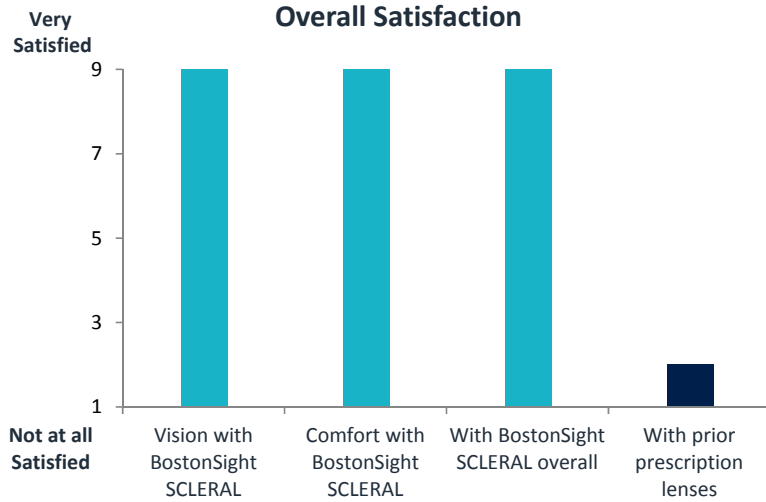
**Eye Assessment – Ocular Surface Disease Index® (OSDI®)**

**Eye Experience**

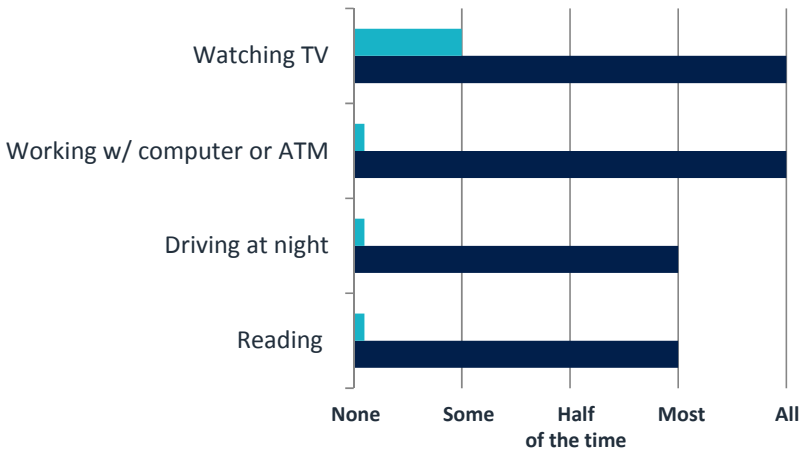


**Prior Prescription Lenses Tried**

More than 4



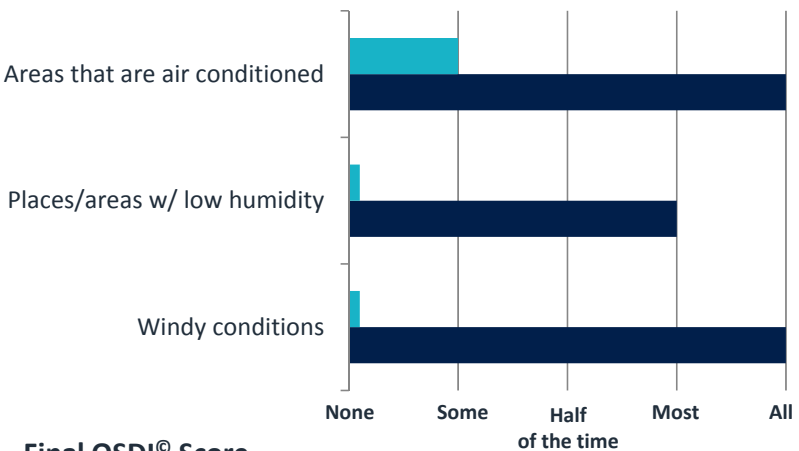
**Problems with eyes limited performance in...**



**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**

