If the above symptoms continue after removal of the contact lenses, eye examination including visual acuity with and without correction at a distance may be conducted to ensure the patient is a suitable candidate for wearing rigid gas permeable contact lenses. A thorough pre-fitting examination should be performed to determine if the patient is a suitable candidate for the recommended lens design.

**SPHERICAL AND ASPHERIC DESIGNS**

- **Aspheric:**
  - **Base surface low:**
  - **low eccentricity:**
  - **spherical:**
  - **aspheric:**
  - **etched:**
  - **conflat:**
  - **hypothesis:**
  - **alometric:**
  - **elliptical:**
  - **nylon:**
  - **LCT:**
  - **ET:**

- **Front Toric:**
  - **Low:**
  - **Low:**
  - **Low:**

- **Base Curve:**
  - **Spherical:**
    - **Spherical:**
      - **Fitting:**
        - **6.00:**
        - **5.00:**
        - **4.00:**
        - **3.00:**
        - **2.00:**
        - **1.00:**

- **Diameter:**
  - **Low:**
  - **Low:**

For more information and recommendations for fitting each type of lens, refer to "SCLERAL CONTACT LENS FITTING GUIDELINES" for additional information relating to the fitting of scleral lenses.

**Design: Reference Design**

- **Rx**
  - **K + Cyl:**
  - **K + Cyl:**
  - **K + Cyl:**
  - **K + Cyl:**
  - **K + Cyl:**

**Base Curve:**

- **Spherical:**
  - **Fitting:**
    - **6.00:**
    - **5.00:**
    - **4.00:**
    - **3.00:**
    - **2.00:**
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- **Diameter:**
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**ORBITAL ASYMMETRIES**

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  - **hypothetical:**
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    - **Fitting:**
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OCULAR Preferences and Demands

Menicon recommends an initial seg height of 5.0 mm. Decreasing the seg height may result in a loss of visual comfort, particularly for patients who work at close distances, such as secretaries who place copy to the left side of the desk. A change of 0.1 mm in seg height will result in a 1 to 2" change in the reading zone. The distance-to-near transition zone should be intermediate between the patient's habitual reading position and primary gaze.

FOLLOW-UP CARE FOR ALL CONTACT LENSES

After removing the contact lens, instill sodium fluorescein into the ocular surface and conduct a thorough biomicroscopy examination. Examine the contact lenses closely for surface deposition and/or characteristics of a well-fitting contact lens are not satisfied during any follow-up examination, further investigations may be required.

If any of the above observations are judged abnormal, various professional judgments are necessary to alleviate the problem and restore the eyes to optimal conditions. If the characteristics of a well-fitting Menicon contact lens are not satisfied during any follow-up examination, further investigations may be required.

WEARING SCHEDULE

The wearing schedules should be determined by the eye care professional or practitioner. Patients tend to overwear contact lenses initially. The eye care professional or practitioner should emphasize the importance of adhering to the initial minimum wearing schedule. Regular checks, as determined by the eye care professional or practitioner, are also extremely important.

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A presbyopic patient requiring a +1.50 diopter add, who is -2.25
There are circumstances where only one contact lens is required. As an
c. Special Fitting Considerations:
After the patient's performance under the above conditions are
Perfom a trial lens fitting in the office to allow the patient to experience
Elevation map, determine the highest point on the cornea. Measure the
The success of the monovision correction may be further improved by
A properly fit base curve will vault over the cornea avoiding all contact
easily determined using a trial lens set based on contact lenses with
A well-fitting contact lens positions centered over the cornea or
The fluorescein pattern may be evaluated by adding fluorescein to the
To help in the adaptation process, the patient can be advised to first
fluorophotometry of the cornea may correct the problem. If the
The fluorescein pattern can be evaluated by adding fluorescein to

The decision to fit a patient with monovision correction is most
is measured using a keratometer. For a contact lens to be expected to
The fluorescein pattern can be evaluated by adding fluorescein to the
the lowest value of the corneal curvature. A patient with a high

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