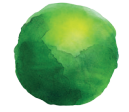


# COOPERVISION SPECIALTY EYECARE ECP SPOTLIGHT FORM



CooperVision®  
Specialty EyeCare

PRACTITIONER NAME & TITLE:

PRACTICE NAME & LOCATION:

EMAIL ADDRESS:

PHONE:

PLEASE INDICATE LENS TYPE:

Onefit™

Onefit™ MED

Onefit™ MED+

Onefit™ A

Paragon CRT®

Paragon CRT Dual Axis®

Please submit this completed form, along with a photo of you (personal headshot), and any corresponding images for this case to Dr. Justine Siergey at [jsiergey@paragonvision.com](mailto:jsiergey@paragonvision.com)

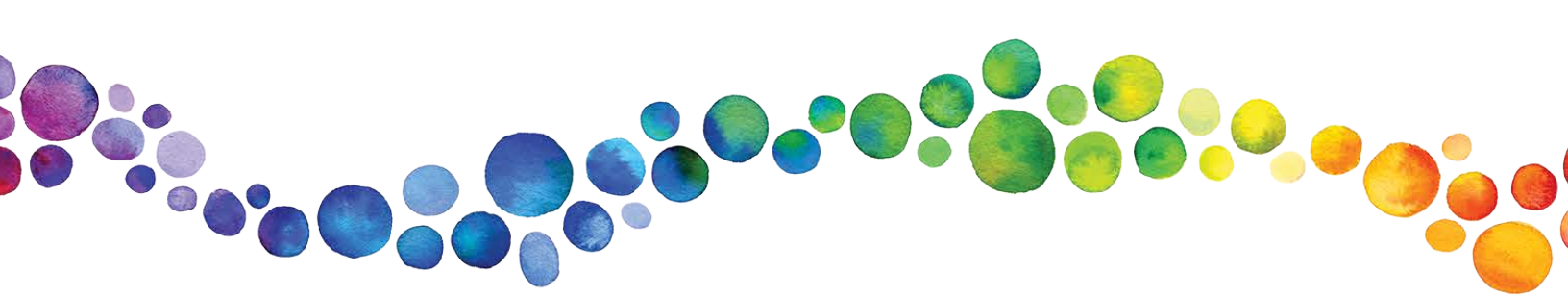
Selected cases will be shared with the specialty eye care community via social media channels, email blasts and webinars. Each case will be reviewed by an expert consultant and you will be contacted with any questions or clarifications that we may have before posting. If any changes are needed, you will have the opportunity to approve of the case report before it is published. There is no limit to the number of cases you can submit.

DATE:

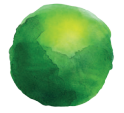
CASE REPORT TITLE:

CASE HISTORY:

*Include patient age, gender, occupation, hobbies and current visual correction*



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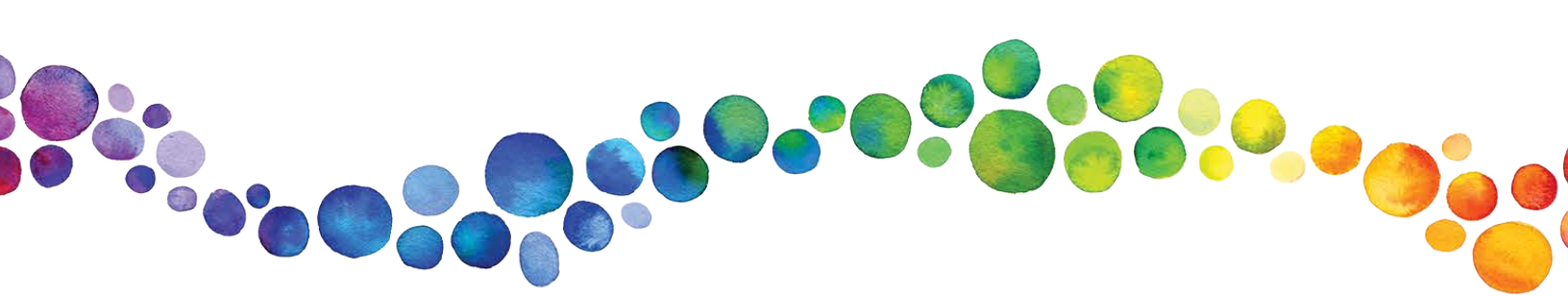
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## OBJECTIVE FINDINGS:

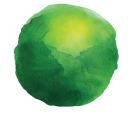
*Include relevant topography maps (axial, tangential, elevation, subtractive), OCT images, fluorescein images, baseline data, refractions, visual acuity and fitting assessments.*

## SUBJECTIVE COMMENTS:

*Comfort, Visual Quality, Lens Care and Solutions*



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## FOLLOW-UP VISIT(S):

*Objective evaluation, Parameter/Rx changes*

## FINAL ORDER:

*Please include the material used for the lens order.*

## FINAL VISIT / COMMENTS - CONCLUSION:

## WERE ONLINE FITTING TOOLS UTILIZED?

*We welcome comments about the usefulness of the tools.*

### FOR COOPERVISION SPECIALTY EYECARE USE ONLY:

REVIEWED BY:

APPROVAL DATE: