

**A** Patient data, measurement date and location

**B** Camera image to detect media opacities that do not lead to an inconclusive measurement

**C** Measurement values


**D** Gaze charts to check gaze asymmetrie

**E** Evaluation of measurement values

**F** Current software version and ROC age group selection

**G** Screening result  
If the screening result is „Refer“, the child should be referred to an ophthalmologist for a comprehensive eye examination

**H** Customizable info graphic with space for your logo and contact details



## Vision screening report

**Emily**  
First name:

**Smith** **A**  
Family name:

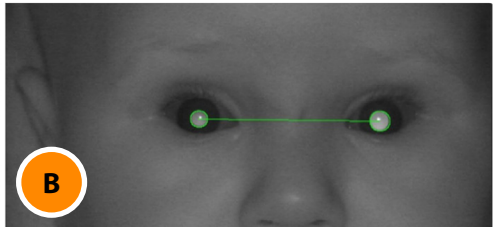
\_\_\_\_\_  
Patient ID:

**06/24/2015**  
Date of birth:

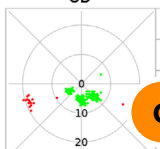
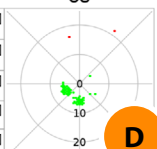
**emily@smith.com**  
Contact information:

**Nuremberg**  
Location:

**01/23/2018**  
Date of measurement:



**B**

OD	Refraction [dpt]	OS
	+3.75 -2.50 1° +3.25 -2.75 175°	
	<b>Spherical equivalent [dpt]</b> +2.50 +1.75	
	<b>Gaze asymmetry [°]</b> 4.2	
	<b>Pupil diameter [mm]</b> 5.5 5.6	
	<b>Pupil distance [mm]</b> 65	

**C**

Anisometropia	<p style="text-align: center; color: white; font-weight: bold;">Screening result</p> <p style="text-align: center; color: white; font-weight: bold; font-size: 1.2em;">Refer</p>
Astigmatism	
Hyperopia	
Myopia	
Gaze asymmetry	
Anisocoria	
ROC 1, Ver. 7.0.4.0	

**F** Vision screening does not replace a complete eye examination by an ophthalmologist or optometrist. Vision screening must be conducted regularly as eyes may change over time! Children with screening result "Refer" should be referred to an ophthalmologist or optometrist.

This refraction was measured with Plusoptix.  
**plusoptix.com**

