



## Order Form – Optometrist/Optician Information

### *VisionKey Overview*

VisionKey brings the latest in eye-controlled communication technology to provide severely disabled users the capability to “type” and “talk” with their eyes. The system works by combining an eye tracker with a microcomputer. The user looks at a word or character appearing on a chart in front of his/her selected eye and the selection then appears on the VisionKey display and on the optional computer monitor. VisionKey consists of a Viewer mounted on a pair of standard frames and a Control Unit which displays the messages typed. For effective operation, the Viewer must be fitted according to very specific measurements and criteria. This is where we need your expertise!

### *Completion of the Optometrist/Optician Section*

Please complete the following areas on the Order Form:

1. **Prescription.** Record the *reading* prescription for both eyes. You will later fit the lens for the eye not facing the Viewer only. The client will be viewing a computer monitor at 20” (50cm). A bi-focal lens is not recommended.
2. **Dominant Eye/Selected Eye.** Record the Dominant Eye and the Selected Eye. The Viewer should preferably be located over the dominant eye. Inform the client which eye should face the Viewer and seek agreement; the other eye may be selected if the user insists.
3. **Monocular Pupillary Distance (MPD). Reflex Method** – Measure and record both MPDs for *distance vision* using an Essilometer™ or equivalent. **Non-reflex method** – Measure and record both MPDs for *distance vision* using a PD ruler.
4. **Frame Information.** The frames for the VisionKey are provided by H.K. EyeCan Ltd. as they meet the Viewer precision mold criteria. The frames are Luxottica 1222 (for sizes 52-60). Please find Frame Sheets following. Record the following: **Bridgesize, Eye Size, Outer Canthus to top of ear in mm (this measurement is used by us to fit the temple length and VisionKey strap), Color.**
5. **Pantoscopic Tilt.** Record the standard pantoscopic tilt of 7° if appropriate. If this is unsuitable, estimate the required angle and record it.
6. **Ocular Motor Control.** Indicate whether the client has Good, Fair or Poor control.
7. **Date, Name, Telephone Number.** Please record the date of your visit, your name (printed) and the telephone number where we can reach you if you have any questions.
8. **Payment:** As indicated in our Price List, the client is responsible for the payment of your bill.

**Note:** Once the unit is customized for the user by H.K. EyeCan, your assistance will be required for a final fitting of the frames. Full instructions are provided with purchase. Thank you for the support which you are extending to people with disabilities by collaborating in this procedure.



## Frame Selection

For Sizes 52-60 (Luxottica 12222)



Eye	A	B	ED	DBL	
52	52	43.5	61	17	(130)
54	54	45	63.5	17	135
56	56	47	65.5	17	135
58	58	48.5	67.5	17	140
60	60	50.5	69.5	17	140
					(145)



1222

KLIXX

VT185	VT133PC	A609
TR18	AL52	

