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Ortho-Keratology Screening Form

Name: _____

Date: _____

- How did you find out about Ortho-keratology? (circle all the apply)

Current Patient Newspaper Office Web page _____

Friend/Relative Magazine Other webpage

- What do you dislike about your vision now? _____

- What activities do you participate in at work/home? _____

- What are your goals with orthokeratology? _____

I understand the purpose of this visit is solely to determine whether or not I am a **candidate** for ortho-keratology. **This exam is not intended to diagnosis or treat any condition.** I will not receive treatment or any form of prescription today based on this exam alone.

Signature (patient or parent/guardian)

Date