

Name:																				Logbook – Overview										Institution:									
																				☐ Time: How many days:										Supervisor:									
																				☐ Unsupervised ☐ Supervised ☐ Observer																			
Date	Patient ID	Age	Eye	Refraction	Presbyopia	C. Cataract A. AMD D. Diabetes G. Glaucoma				Name/description of any other abnormalities including observation of surgical procedures	Contact Lenses			Binocular Vision				Name/description of any other binocular vision abnormalities	Low Vision																				
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Additional Comments: