

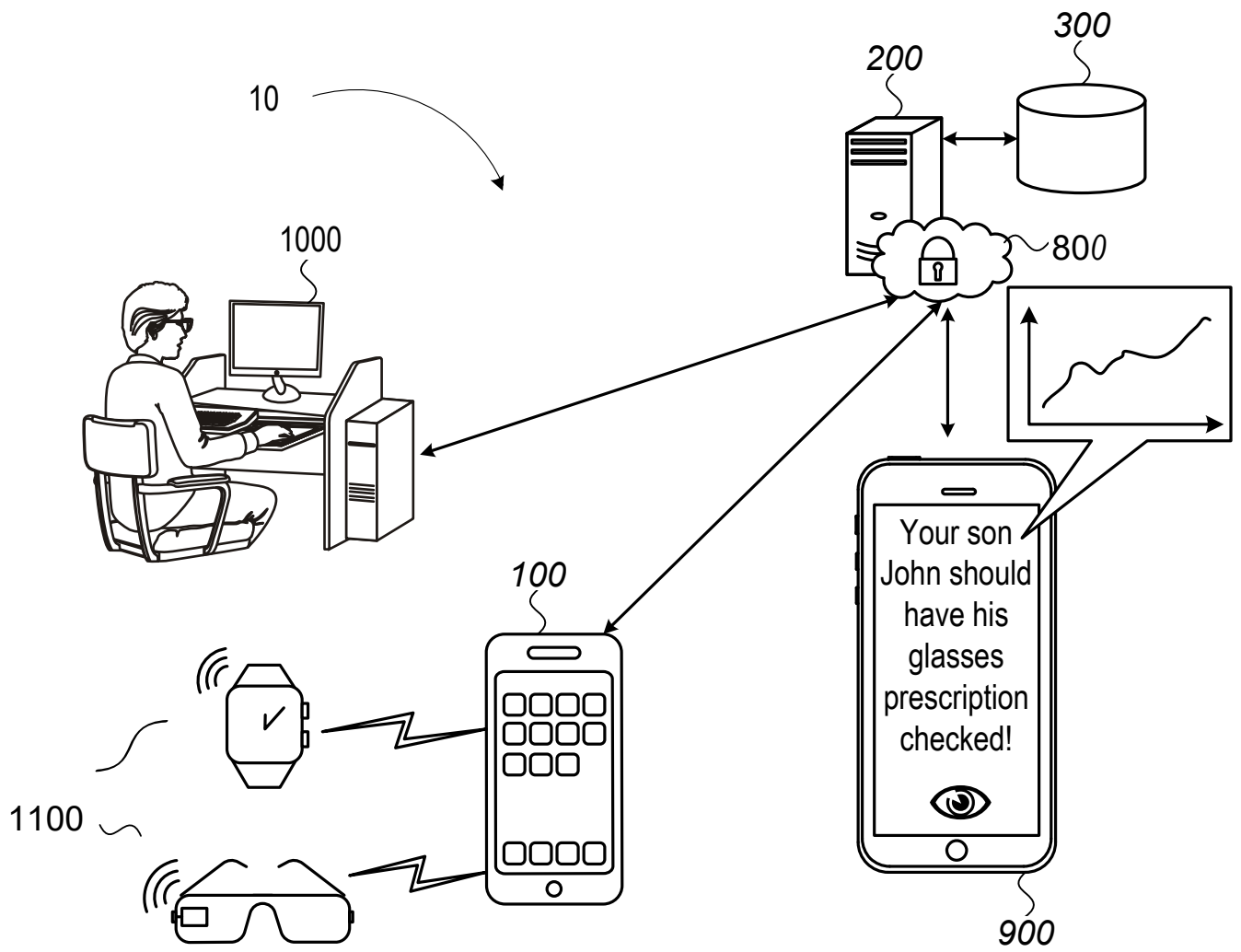


Fig.1

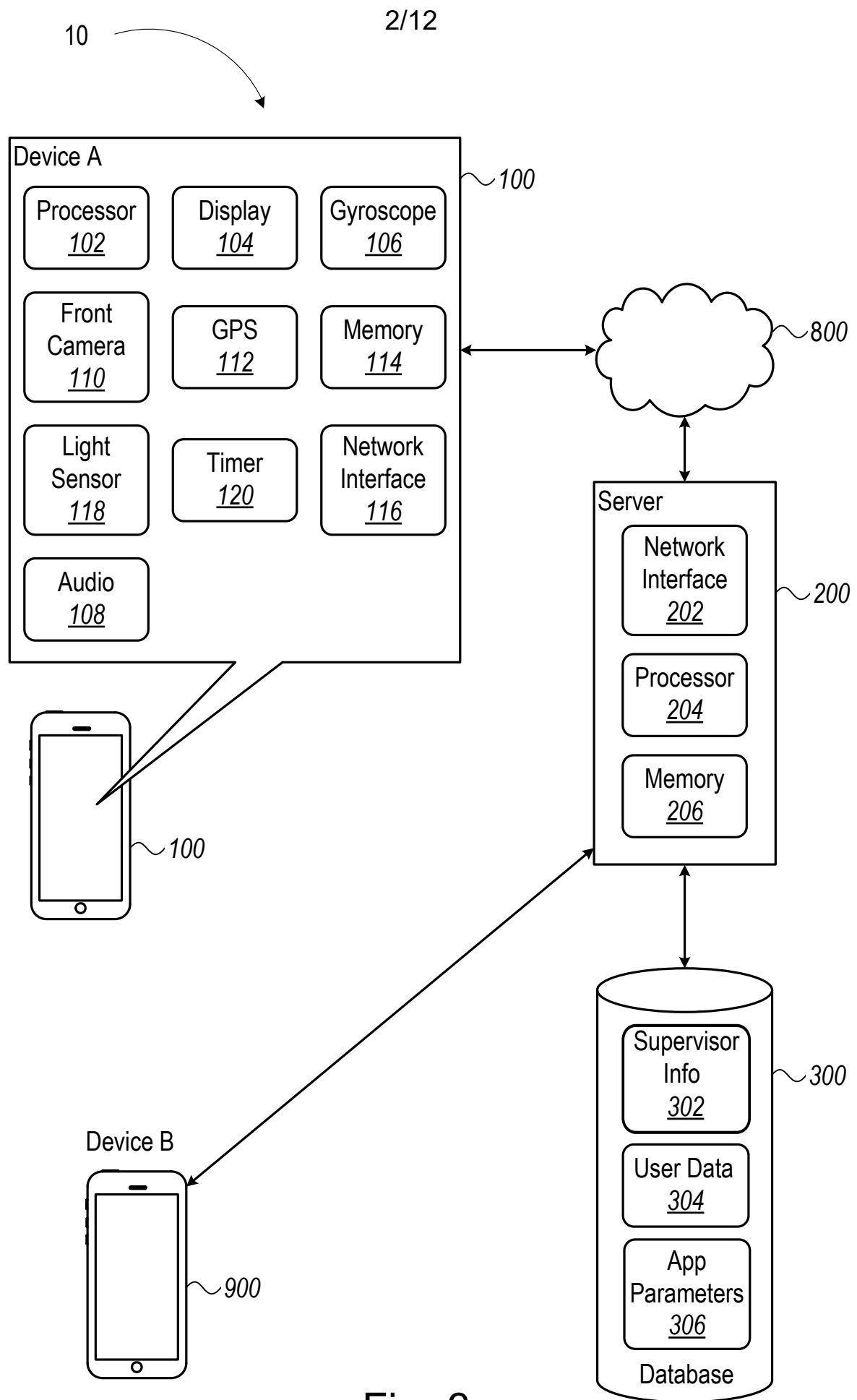


Fig. 2

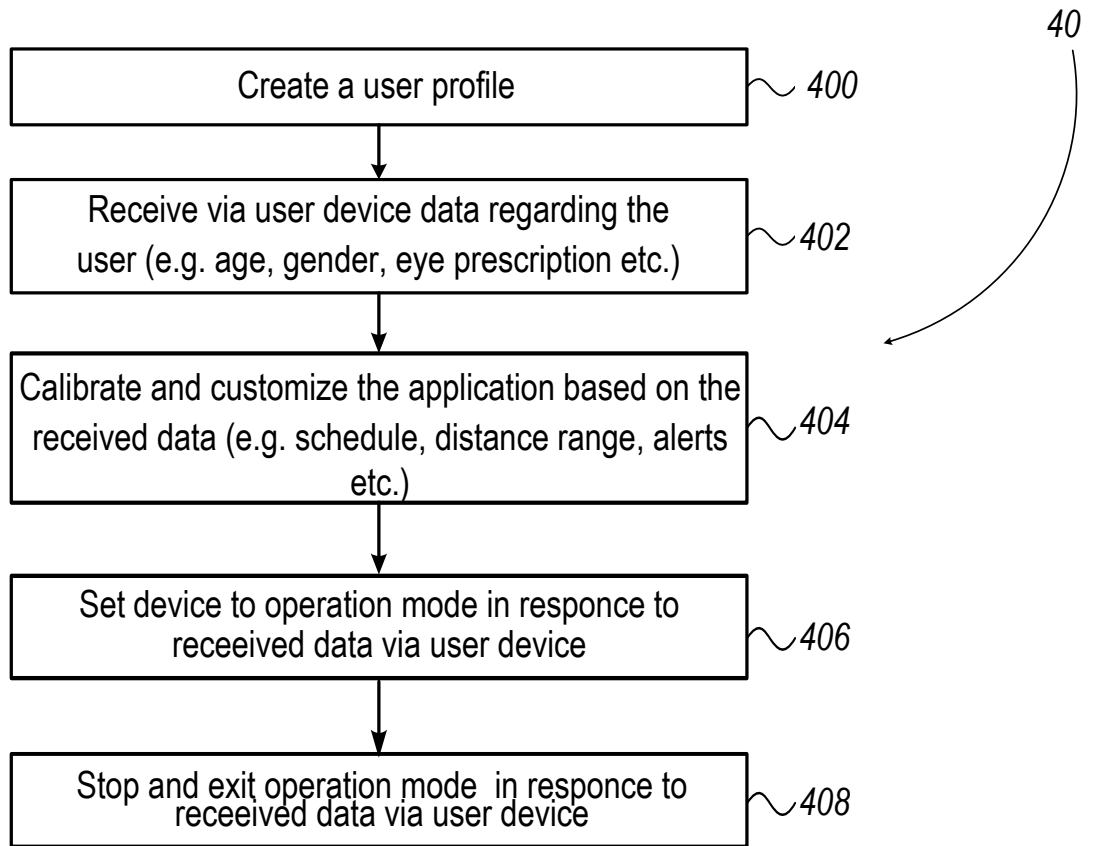


Fig. 3

Does your child wear glasses or contact lenses?

☐ Yes ☐ No

At what Age did your child start wearing glasses?

Years Months

7 2

Degree for each eye

Unsure about your child's eye prescription?
Check with your optometrist

 Left eye 150°  Right eye 120°

[View myopia progression](#)

Myopia progress

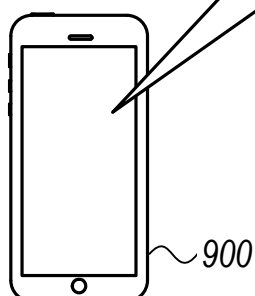
Recent eye test results

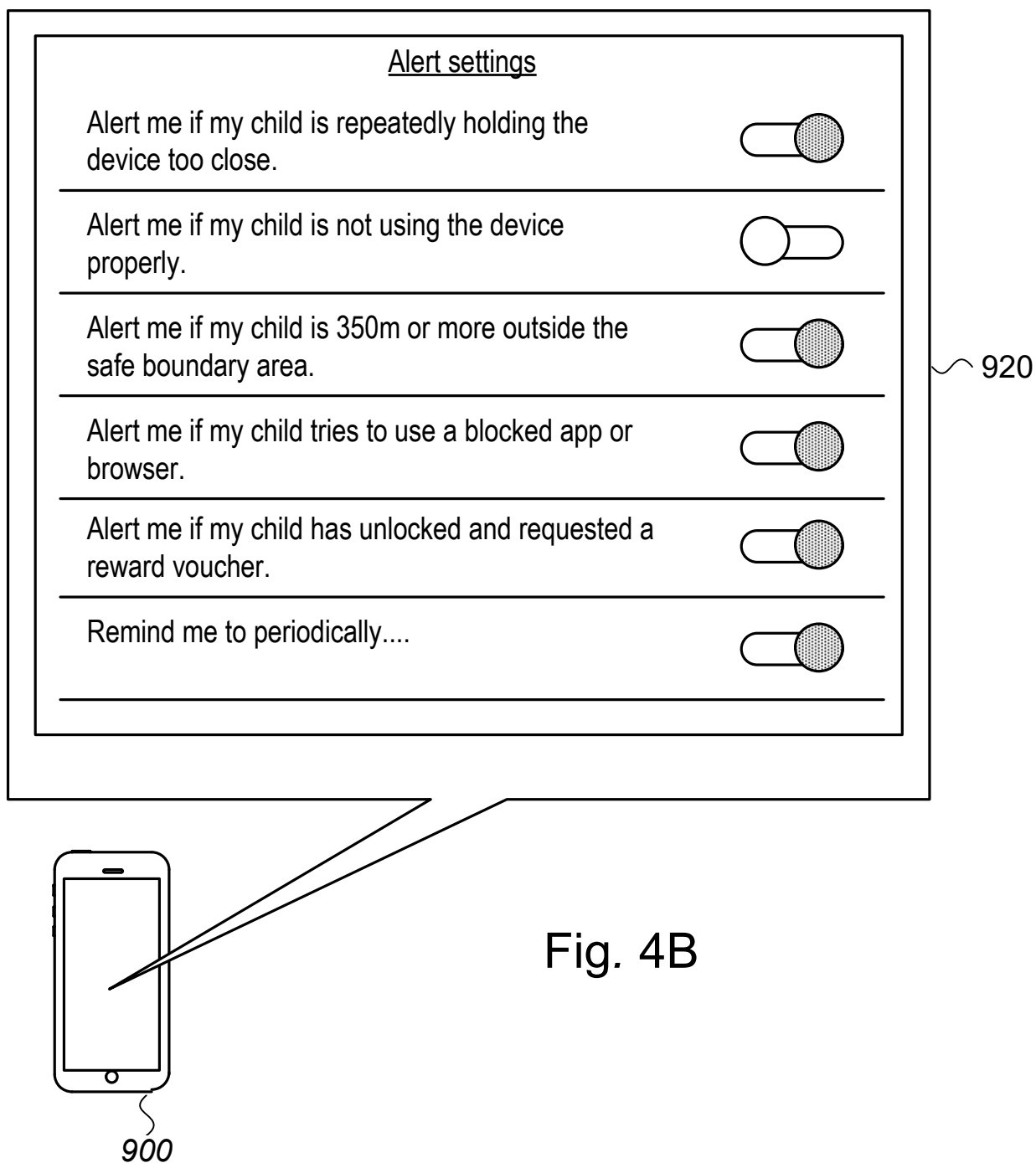
	Date	V
 Left eye		 Right eye

[Add record](#)

910

Fig. 4A





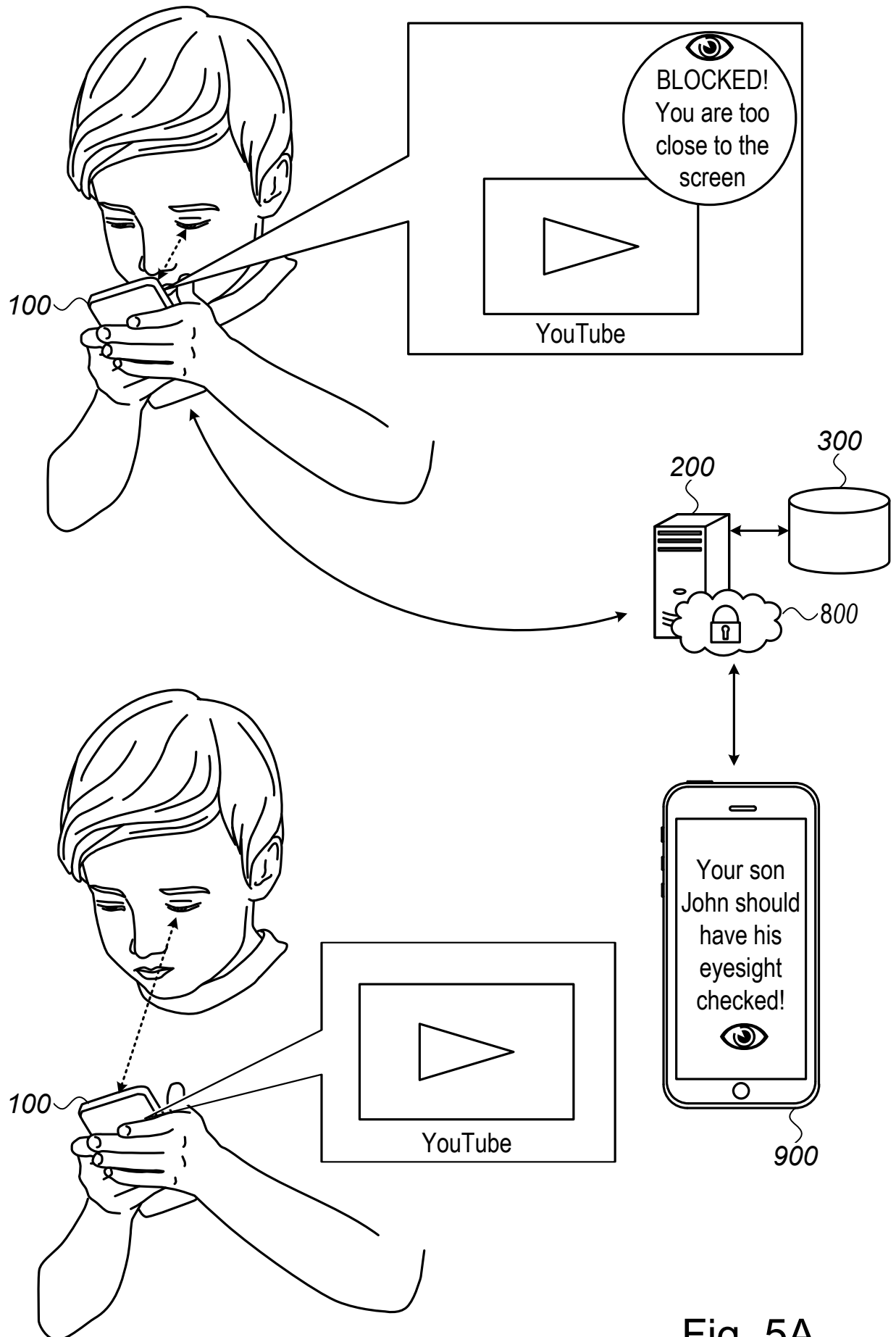


Fig. 5A

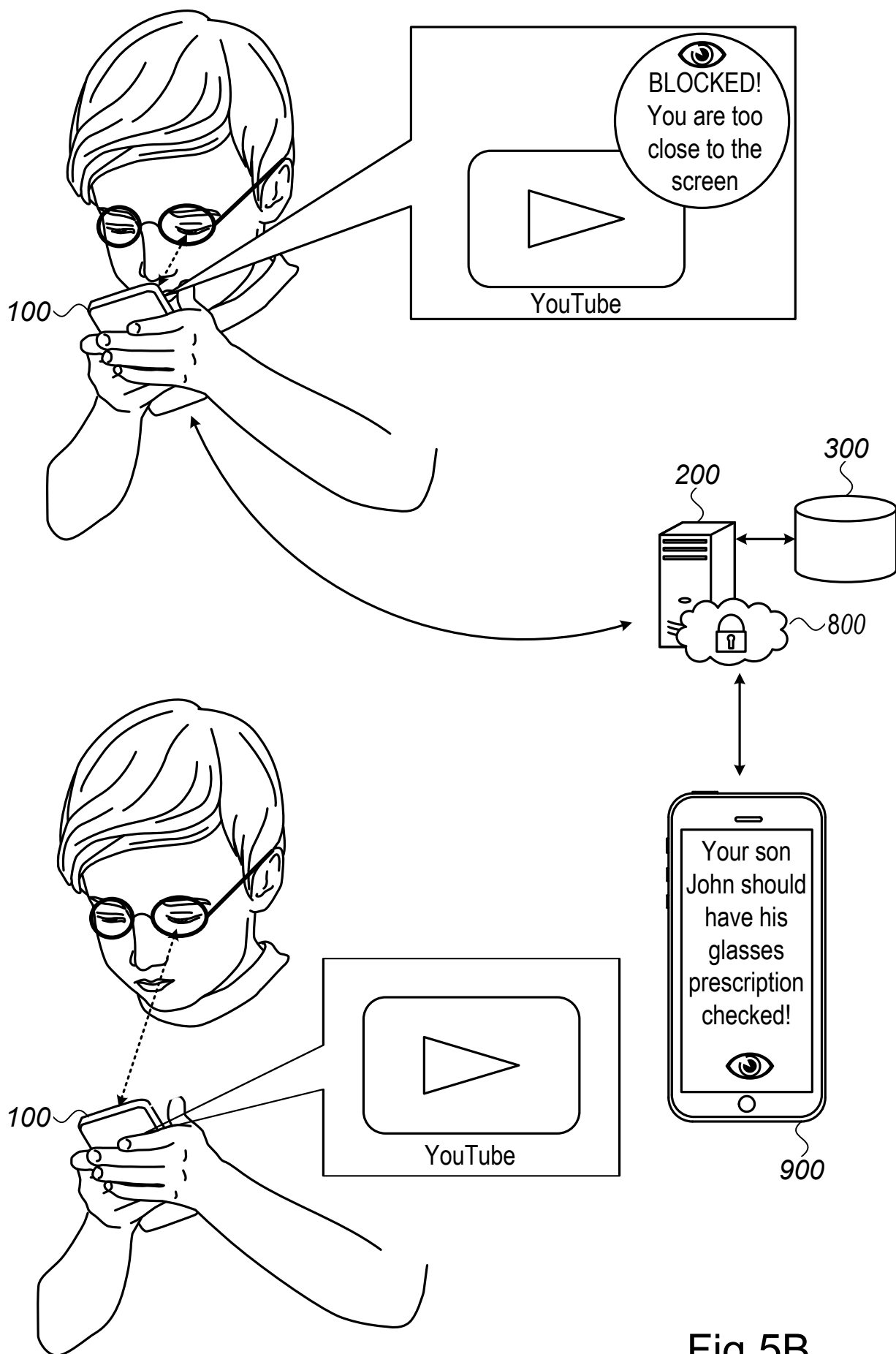
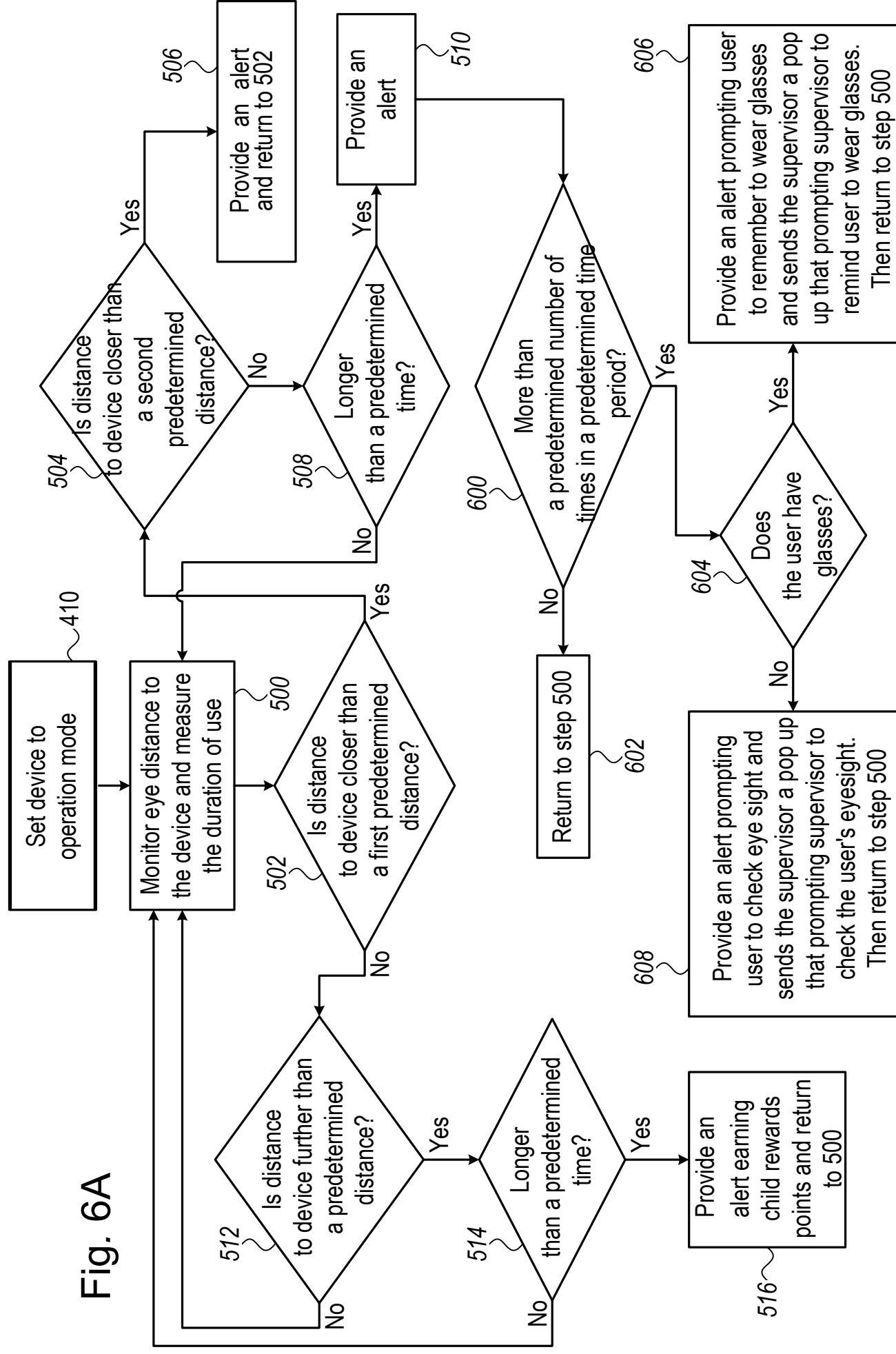


Fig 5B

Fig. 6A



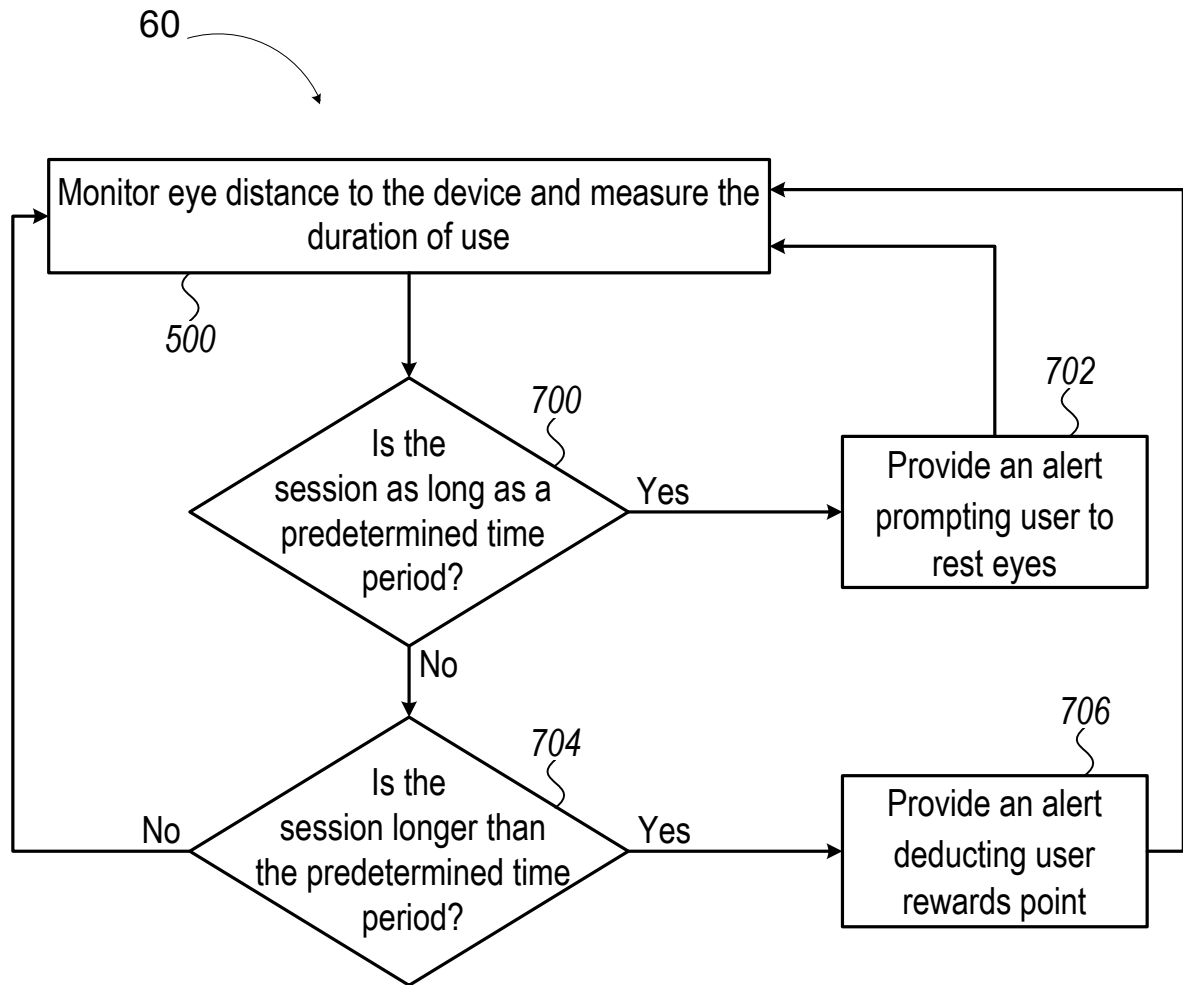


Fig 6B

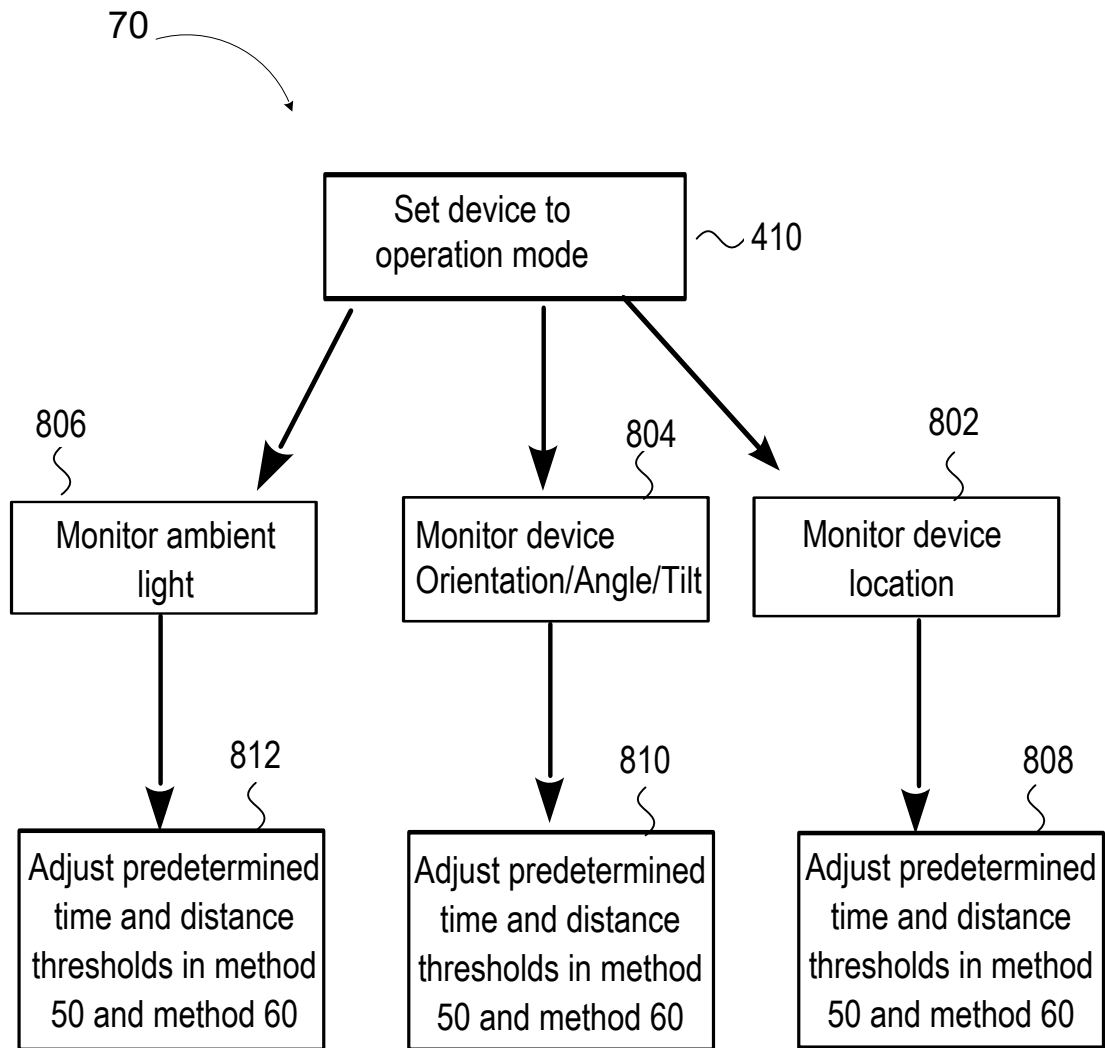


Fig 6C

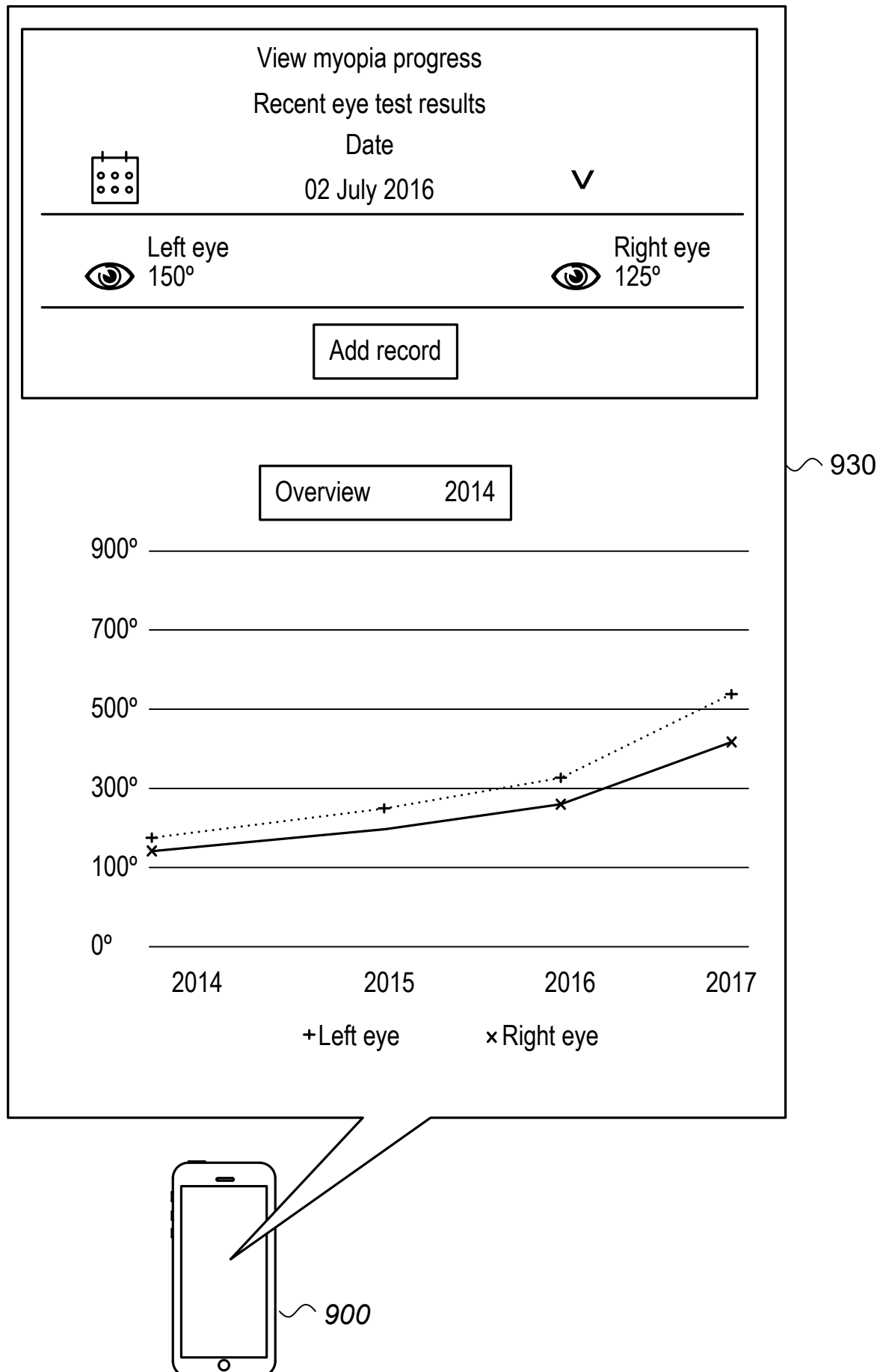


Fig. 7

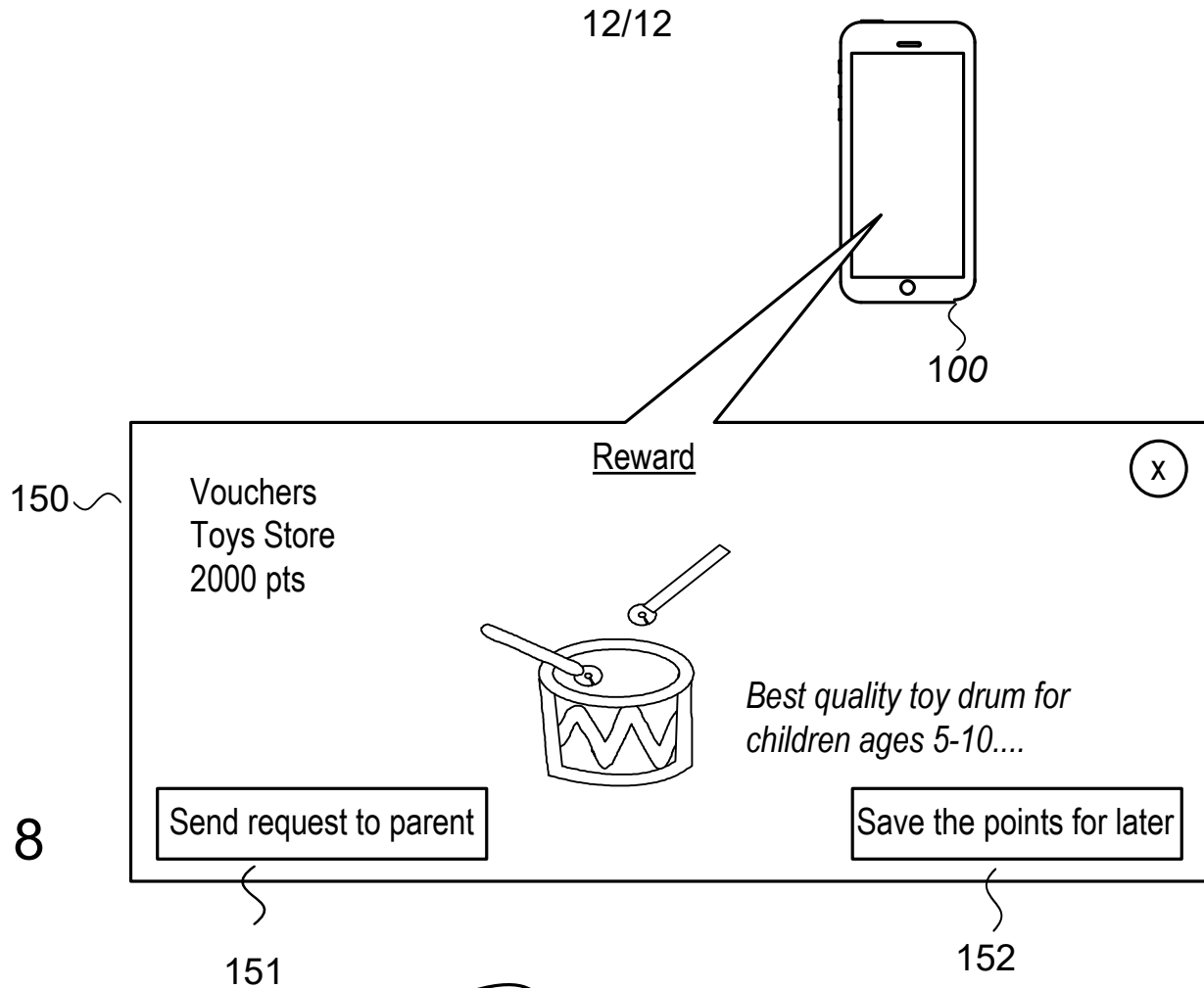


Fig. 8

Fig. 9

