



Dr. Skrdla, OD & Spex Vision Care

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What's going on in your life? We want to help you see it!

Name:			
Type of Work:			
Do you have children?		Ages?	
Goal of Visit?			

How many hours do you spend at a computer + smart phone + tablet + gaming? (both work and home)
Do you spend time outdoors? Doing what?
How do you protect your eyes from Ultraviolet Radiation when outdoors?
Outside of work, how do you spend your leisure time? (ex. Reading, Gaming, Arts and Crafts, Music, Sports?)
Do you ever feel like your glasses are heavy or could you benefit from new technology that makes lenses lighter?
Do you prefer your lenses in your glasses to be glare free or with glare?
Do you have any interest in LASIK or other refractive surgery procedures? Or, maybe a non-surgical approach to vision correction that allows you to spend your day without glasses?
Do you have family or friends in need of eye care?