

PRESCRIPTION OPTICS AND LOW-VISION DEVICES

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook updates Department of Veterans Affairs (VA) procedures for providing optics and low-vision devices to veteran beneficiaries.
- 2. SUMMARY OF CHANGES.** This VHA Handbook updates current procedures.
- 3. RELATED ISSUES.** VHA Directive 1173, and VHA Handbooks 1173.1 through 1173.16.
- 4. RESPONSIBLE OFFICE.** The Chief Consultant, Prosthetic and Sensory Aids Service Strategic Healthcare Group (113), is responsible for the contents of this VHA Handbook. Questions may be referred to 202-254-0440.
- 5. RESCISSIONS.** VHA Handbook 1173.12, dated November 1, 2000, is rescinded.
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of June 2010.

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PREScription OPTICS AND LOW-VISION DEVICES

1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes uniform and consistent procedures for providing prescription optics and low-vision devices to veteran beneficiaries.

2. SCOPE

a. Prescriptions for eyeglasses must be filled in accordance with Title 38 Code of Federal Regulations (CFR) 17.149, and with policies and guidelines established by the Department of Veterans Affairs (VA) and the local facility.

b. Eligible beneficiaries may be furnished an initial pair of corrective eyeglasses when prescribed by a VA or fee-basis ophthalmologist or optometrist. Two pairs of single-vision eyeglasses, one for reading and one for distance vision, will be provided if prescribed by the ophthalmologist or optometrist in cases where bifocal lenses are contraindicated. Post-surgical aphakic cataract patients may also be provided two pair of eyeglasses (in addition to contact lenses): a pair of cataract eyeglasses (aspheric lenticular) and a pair of single-vision eyeglasses (for use over contact lenses) when prescribed by a VA or VA fee-basis ophthalmologist or optometrist.

c. When a beneficiary is found to need an ophthalmic prescription, but is not eligible to receive prescription optics at VA expense, the beneficiary may request and obtain a copy of the prescription from the examining ophthalmologist or optometrist. These prescriptions must be issued and stamped with a disclaimer reading, "Not to be filled at VA expense," to indicate that the beneficiary must spend personal funds to obtain the prescribed item(s).

d. Ophthalmic prescriptions are filled for beneficiaries receiving medical care when determined medically necessary for the beneficiary's care by an ophthalmologist or optometrist.

e. Beneficiaries with a service-connected disability for the loss of vision in an eye (or the enucleation or evisceration of one eye) are eligible for eyeglasses for defective vision in the remaining eye and/or to protect the vision in the remaining eye (safety eyeglasses or polycarbonate lenses, as appropriate).

3. DEFINITIONS

a. **Single Vision Lens.** A single vision lens is a spectacle lens having the same focal power throughout its useful area, for reading, intermediate or distant vision.

b. **Bifocal Lens.** A bifocal lens is a spectacle lens of two portions whose focal powers differ from each other. Usually the upper portion is larger and is for distant vision, and the lower portion is smaller and is for near vision.

c. **Trifocal Lens.** A trifocal lens is a multifocal lens of three portions whose focal powers differ from each other. Usually the top portion is the largest and is for distant vision, the middle for intermediate distances, and the bottom for near vision.

d. **Progressive Addition Lens.** A progressive addition lens is a multifocal lens having a progressive increase in positive power from the distance-seeing portion to the near-seeing portion.

e. **Tinted Lens.** A tinted lens is a lens with color absorption properties designed to reduce light transmission and/or selectively absorb undesirable incident radiations, such as ultraviolet (UV) radiation, etc. In contact lenses, the color may be also for facilitating location.

f. **Photochromic Lens.** A photochromic lens is a lens with substances which change in color and in light transmission properties upon exposure to a change in light intensity or to UV radiation. The change may, or may not, be reversible.

g. **Coating, Lens.** A lens coating is a thin deposit of a metallic salt, such as magnesium fluoride, about one-fourth as thick as a wavelength of light, applied to a surface of a lens to reduce, by interference, the amount of light reflected, and, if combined with a coloring ingredient, to reduce light transmission, and, to impart scratch resistance.

h. **Prismatic Lens.** A prismatic lens is a lens with prism power that deviates the path of light.

i. **Lenticular Lens.** A lenticular lens is an ophthalmic or spectacle lens of high dioptric power with the prescription ground only in the central portion, the peripheral (usually a focal) portion of the lens serving only to give dimensions suitable for mounting in a spectacle, permitting a reduced center thickness in the case of convex lenses and a reduced edge thickness in the case of concave lenses.

j. **Aspherical Lens.** An aspherical lens is a lens in which one or both surfaces in the central sagittal section do not describe a circle, usually conforming instead to a parabola or some similar curve systematically deviant from a circle from the center to the periphery of the lens, so designed to correct for or reduce certain types of aberrations.

k. **Balance Lens.** A balance lens is a spectacle lens of undesignated power serving only to balance the weight and the appearance of its mate in front of the other eye.

l. **Bridge.** The bridge is that part of a spectacle front which connects the two eye wires, the lens arms, or the nasal straps. Its name stems from the early type of saddle bridge which rested on the bridge of the nose.

m. **Temple.** A temple is one of a pair of shafts extending backward from the end pieces of a spectacle frame or mounting to rest against the head or the ears for the purpose of holding the frame or mounting in position.

n. **Low-vision Device.** A low-vision device is a special aid, appliance, or technique used to improve the vision or functional rehabilitation ability of a beneficiary with subnormal vision.

o. **Subnormal Vision.** Subnormal vision is vision considered being inferior to normal vision, as represented by accepted standards of visual acuity, field of vision, or motility, and uncorrectable by conventional lenses, or the branch of visual care identified with its correction or rehabilitation or special aids or techniques.

p. **Safety Spectacles.** Safety spectacles are the result of the combination of frames and lenses that meet American National Standards Institute Z80 safety standards to provide protection to the eyes, especially from injury due to impact.

q. **Polycarbonate.** Polycarbonate is a transparent material consisting of thermoplastic linear polyesters of carbonic acid, made by the polymeric condensation of bisphenols with a phosgene or its derivatives and used for injection molding of certain ophthalmic lenses.

r. **Photophobia.** Photophobia is an abnormal intolerance or fear of light.

s. **Photosensitivity.** Photosensitivity is the capacity of the cells of an organ or an organism to be stimulated to activity by light; it is also the property of certain chemicals to react to light.

t. **Enucleation.** Enucleation is the removal of a whole tumor or an entire organ, as in the removal of the eye from its socket.

u. **Evisceration of the Eye.** Evisceration of the eye is the surgical removal of the inner contents of the eye, the sclera being left intact.

v. **American National Standards Institute (ANSI) Accredited Committee Z80 for Ophthalmic Standards.** The ANSI Accredited Committee Z80 for Ophthalmic Standards is the nationally-recognized organization that establishes standards that apply to:

(1) Ophthalmic lenses, equipment, instruments, and processes used in the final fabrication level which affects the relationship to ophthalmic frames, sunglasses, and fashion eyewear;

(2) Contact lenses and accessories for their use;

(3) Intraocular implant lenses, low-vision devices, and ophthalmic contact devices; and

(4) Optical instrumentation used in ophthalmic procedures and vision evaluation.

NOTE: Standards established by the ANSI Z80 Committee do not apply to industrial safety devices, or to procedures used in clinical ophthalmic examinations.

4. ELIGIBILITY

NOTE: Beneficiaries' eligibility for prescription optics is determined using criteria and guidelines set forth in 38 CFR 17.149 and present VHA policy.

a. **Facility Director.** The facility Director is responsible for

(1) Furnishing needed eyeglasses to the following veterans:

(a) Those with any compensable service connected disability.

(b) Those who are former prisoners-of-war (POWs) or recipients of Purple Heart.

(c) Those in receipt of benefits under Title 38 United States Code (U.S.C.) 1151.

(d) Those in receipt of an increased pension based on being permanently housebound or in need of regular aid and attendance (Priority 4); and

(e) Those other veterans with non-service connected or non-compensable service connected disabilities with one of the following conditions:

1. Those who have visual impairment resulting from the existence of another medical condition for which the veteran is receiving VA care, or which resulted from treatment of that medical condition, e.g., stroke, diabetes, multiple sclerosis, vascular disease, geriatric chronic illnesses, ocular toxicity from drugs, ocular photosensitivity from drugs, cataract surgery, and/or other surgeries performed on the eye resulting in visual impairment.

2. Those with significant functional or cognitive impairment evidenced by deficiencies in the ability to perform activities of daily living, but not including routinely occurring visual impairments correctable by conventional lenses.

3. Beneficiaries who are visually impaired with subnormal vision to the degree that the provision of corrective optics or other similar devices is necessary to permit active participation in their own medical treatment and/or care may be provided prescription optics and low-vision devices.

4. Those who are so severely hearing-impaired that the provision of sensori-neural aids is necessary to permit active participation in their own medical treatment and to reduce the impact of dual sensory impairment.

b. **Eye Care Practitioner (optometrist or ophthalmologist).** Since visual disorders requiring eyeglasses are so varied and complex that in some cases, a combination of visual acuity level and clinical guidelines does not address all possible prescribing indications, the eye care practitioner is responsible for using all the following in prescribing eyeglasses:

(1) Visual acuity;

(2) Literature-based clinical guidelines (see subpars. 15c, 15d, and 15f); and

(3) Guidelines for Furnishing Sensori-neural Aids (see subpar. 15a);

(4) Prescription optics will not be provided to otherwise ineligible beneficiaries with normally occurring correctable visual impairments, such as near-sightedness, far-sightedness, or presbyopia (see subpars. 15h, 15i, 15j, and 15k).

5. SPECIAL EYEGLASSES, LENSES, TINTS, OR FRAMES

a. Lenses, tinted lenses, prismatic lenses, and other ophthalmic aids and low-vision devices may be procured upon approval of the Chief of Optometry or Chief of Ophthalmology, as appropriate, on a per-beneficiary basis provided a medical need exists and justification is given for the prescription.

b. Special frames, prescribed for medical reasons and not for cosmetic purposes, are procured upon prescription by a VA staff ophthalmologist or optometrist.

c. Special eyeglasses or frames required for cosmetic facial restorations may be procured upon the recommendation of the Chief, Plastic Eye and Restoration Clinic, and the approval of a VA staff ophthalmologist or optometrist. In such cases, corrective lenses are authorized for any refractive error present.

d. Prescriptions of safety spectacles and/or for eyeglasses with tinted lenses are filled for beneficiaries who are monocular, and those with post-cataract surgery, chronic uveitis, severe corneal disease, clinically significant macular degeneration, clinically significant cataract, ocular photosensitivity from drugs, significant visual field loss, significant amblyopia in the fellow eye (worse than 20/40 correctable visual acuity by conventional lenses), photophobia and/or retinal or other medical eye conditions, as appropriate. Tinted lenses will not be provided solely for comfort; medical need must be documented by a VA staff or VA contract ophthalmologist or optometrist; this need may include the need for ocular protection from undesirable incident radiations, such as UV radiation, etc.

e. Special upgrade requests for eyeglasses, lenses and frames between the veteran and the vendor are not encouraged by VA. While private transactions are not prohibited, direct solicitation by the vendor is not allowed and as such are the sole responsibility of the veteran beneficiary.

6. REPLACEMENT EYEGLASSES

a. Replacement of corrective eyeglasses necessitated by fair wear and tear, loss or breakage due to circumstances beyond the control of the beneficiary, or due to required change of prescription, may be made at any time for VA beneficiaries who are enrolled.

(1) When replacement eyeglasses are prescribed because of a change in refractive error, the change must require at least an increase in sphere, cylinder and/or power as follows:

Sphere Power of + or - .25 diopter
Cylinder Power of + or - .50 diopter

Axis change of	+ or - .25 to .75 diopters	5 degrees
	+ or - 1.00 to 2.00 diopters	3 degrees
	+ or - 2.25 or more	2 degrees

(2) Replacement eyeglasses can be prescribed at any time due to required refractive change of prescription to improve one line of visual acuity.

NOTE: *Appropriate prescriptions and resultant sphere, cylinder and/or axis changes must be determined by the examining ophthalmologist or optometrist. Replacement eyeglasses are procured and issued in the same manner as the initial prescription when the criteria are met.*

b. Eyeglasses will not be replaced because of availability of newer technology, unless there is evidence that it will significantly benefit the veteran. **NOTE:** *Eyeglasses are not to be replaced solely for cosmetic purposes.*

c. Multiple replacement eyeglasses within a relatively short period of time due to excessive wear, tear, or loss may be addressed on an individual basis by the local VA facility.

7. SECOND PAIR AND SPARE EYEGLASSES

a. A second pair of corrective eyeglasses will not be issued to any beneficiary unless there are compelling medical circumstances requiring a second pair. **NOTE:** *Two pairs of single vision eyeglasses, one for reading and one for distance, will be provided in cases where bifocal lenses are contraindicated.*

b. Spare glasses may be issued, if necessary, but only as determined by the eye care practitioner (optometrist or ophthalmologist); they will not be routinely issued.

c. When providing spare eyeglasses from any existing prescription, the prescription must be current and appropriate for the visual needs of the beneficiary.

8. CONTACT LENSES

Contact lenses may be provided to eligible beneficiaries with monocular aphakia, binocular aphakia, severe astigmatism, pathologic myopia, keratoconus, aniseikonia, or other ocular and vision conditions, when prescribed by a VA or fee-basis ophthalmologist or optometrist and only when contact lenses are superior to eyeglasses in improving or protecting the beneficiary's visual or medical function.

9. REPLACEMENT CONTACT LENSES

a. Replacement contact lenses are provided to eligible beneficiaries upon approval of a staff ophthalmologist or optometrist.

b. Replacement contact lenses are not normally provided to beneficiaries unless medically necessary for the continuation of post-hospital care treatment for a condition which requires contact lenses.

10. SECOND PAIR OF CONTACT LENSES

Beneficiaries who are enrolled and who have an eye or vision condition requiring contact lenses may be provided a second lens or pair of lenses when loss or destruction of the beneficiary's contact lens(es) creates a severe hardship or a compelling medical need.

11. PROCEDURES FOR FURNISHING PRESCRIPTION OPTICS

a. Local procedures must be developed at each medical facility to ensure that a beneficiary's eligibility for ophthalmic prescriptions (eyeglasses and contact lenses) is established prior to issuance of prescription optics.

b. When beneficiaries undergo an eye examination in conjunction with an examination for medical reasons other than the sole purpose of obtaining prescription optics, and are not eligible for VA-furnished optics, the beneficiary may, upon request, secure a copy of the prescription from the examiner. When providing this prescription, copy four of VA Form 10-2914, Prescription and Authorization for Eyeglasses, VA Form 10-2577f, Security Prescription Form, or any other form developed for this purpose, will be used and annotated "not to be filled at VA expense." An appropriate disclaimer needs to be stamped on the VA Form 10-2914 to avoid difficulties should the beneficiary find the prescription inadequate after spending personal funds to purchase optics based on a refraction provided by VA.

12. PROCURING EYEGLASSES USING VA FORM 10-2914 (ADP), PRESCRIPTION AND AUTHORIZATION FOR EYEGLASSES, AND VA FORM 10-2421 (ADP), PROSTHETIC AUTHORIZATION FOR ITEMS OR SERVICES, AND VERIFICATION OF PRESCRIPTION OPTICS

a. A written policy must be developed at each medical facility outlining procedures for procurement of prescription optics from a local licensed optometrist, ophthalmologist, or optician vendor for those beneficiaries authorized to use fee-basis optometrists or ophthalmologists (see the Eyeglasses Solicitation Template Guidelines on the Prosthetics Intranet Website: <http://vaww.va.gov/prosthetics> for guidance.

(1) Eyeglasses may be delivered to the optometry clinic, ophthalmology clinic, optical dispensary, Prosthetics and Sensory Aids Service, or beneficiary's home address when direct delivery is in the best interest of the beneficiary. Patient education materials on Care of Your Eyeglasses (App. A), and Bifocal Adaptation (App. B) need to accompany the delivery of eyeglasses, as appropriate to the recommended prescription optics.

(2) Verification that the spectacles match the appropriate prescription within applicable ANSI Z80 standards and tolerances must be conducted by the vendor prior to delivery of each pair of eyeglasses.

(3) The prosthetic activity or VA-owned optical laboratory must sample at least five pairs of prescription optics per month of the home delivery patients, and five pairs of prescription optics per month of those patients receiving prescription optics at the VA facility in order to ensure prescriptions were filled correctly within applicable ANSI Z80 standards and tolerances.

(a) Adherence to ANSI Z80 Standards will be determined by local community eyeglass providers (optician, optometrist, or ophthalmologist) through the "Voucher for Eyeglasses Adjustment and Analysis" template for home delivery patients (see par. 16).

(b) For prescription optics dispensed at the local VA facility, the optometry clinic and/or ophthalmology clinic, as appropriate, is responsible for an ongoing quality assurance verification program in concert with the local VA prosthetic activity.

(4) The facility needs to maintain one copy of either VA Form 10-2421 (ADP) or VA Form 10-2914 in a pending order file until delivery is completed.

(5) After completion, one copy of the VA Form 10-2421, or the VA Form 10-2914 and the shipping document must be filed in the beneficiary's Consolidated Health Record (CHR) i.e., the patient's medical paper file at the local facility.. *NOTE: Attach the invoice to the copy of the 10-2421 or the 10-2914.*

b. Local policy must be developed to verify receipt of eyeglasses and payment procedures using the appropriate ADP or VA forms.

c. In the event eyeglasses are not within tolerance, the local prosthetic activity returns them to the vendor for correction. While this may result in eventual receipt of two pairs of eyeglasses, this is acceptable under the circumstances.

Remove d. Upon receipt of a bill or invoice, the local prosthetic activity must verify that amounts are correct and certify appropriate documents for payment.

13. REPAIRS TO EYEGLASSES

Whenever practical, repairs to eyeglasses are to be procured from the optical company that furnished the glasses. In the event this is not possible or is not feasible, the glasses are to be forwarded to the nearest local optical dispenser or ophthalmic laboratory for repair.

14. PROCEDURES FOR FURNISHING REPAIRS

a. When repairs to eyeglasses are to be obtained from the optical vendor who provided them initially, the following procedures apply:

(1) If one or both lenses are broken and there is any indication that the beneficiary's vision has changed, or if it has been more than 1 year since the beneficiary's eyes were last examined, the beneficiary is to be referred to an ophthalmologist or optometrist before new lenses are ordered.

(2) If one or both lenses are broken, the prescription is less than a year old, and there is no indication of a change in the beneficiary's vision, the local prosthetic activity prepares the appropriate procurement documentation, copies the lens instructions from the previous prescription in the beneficiary's CHR, and gives a description of the necessary repairs.

(3) If no lens is broken, but repair of the frame or a new frame is required, appropriate procurement documentation is to be prepared in the usual manner.

b. To ensure the appropriate level of care for beneficiaries, local procurement is preferred to contracts.

15. REFERENCES

- a. Title 38 CFR Section 17.149. Sensori-neural Aids.
- b. Title 38 U.S.C.1701 (6)(A)(i). Definitions: Sensori-neural Aids.
- c. Preferred Practice Patterns, Vision Rehabilitation for Adults, American Academy of Ophthalmology. <http://www.aaopt.org/aaopt/education/library/ppp>
- d. VHA Handbook 1173.5.
- e. Griffin JR, Cline D, Hofstetter, HW. Dictionary of Visual Science, Fourth Edition, Chilton Trade Book Publishing, Radnor, Pennsylvania.
- f. Optometric Clinical Practice Guideline, Care of the Patient with Presbyopia, American Optometric Association. <http://www.aoanet.org/documents/CPG-17.pdf>
- g. Optometric Clinical Practice Guideline, Care of the Patient with Myopia, American Optometric Association. <http://www.aoanet.org/documents/CPG-15.pdf>
- h. Optometric Clinical Practice Guideline, Care of the Patient with Hyperopia, American Optometric Association. <http://www.aoanet.org/documents/CPG-16.pdf>
- i. Optometric Clinical Practice Guideline, Care of the Patient with Amblyopia, American Optometric Association. <http://www.aoanet.org/documents/CPG-4.pdf>
- j. VHA Prosthetic Clinical Management Program (PCMP) Clinical Practice Recommendations: Prescription and Provision of Optical Low-vision Devices to Aid in Overcoming Visual Impairment, September 2004.
- k. VHA PCMP Clinical Practice Recommendations for Prescription of Closed Circuit Televisions (CCTVs) and other Electronic Optical Enhancement Devices (EOEDs), August 2002.
- l. American National Standards Institute (ANSI) Accredited Committee Z80 for Ophthalmic Standards. Optical Laboratories Association, Merrifield, Virginia. <http://www.ola-labs.org>

16. PRESCRIPTION OPTICS MAILED DIRECTLY TO VETERANS

a. An increasing number of veterans provided prescription optics by VA and other Federal agencies do not return to the prescribing facility to receive those eyeglasses for various reasons. Some of these reasons include: increasing age, living alone, lack of readily available transportation, distance from the prescribing facility, and a preference to avoid highly-congested metropolitan areas. As a consequence, without great assistance, many of these veterans may not have the eyeglasses properly fitted and/or adjusted on their face, or may not be informed on the proper use and care of eyeglasses.

b. Prosthetic and Sensory Aids Service (PSAS) is responsible for ensuring that all known veterans, or those who have later elected to receive their eyeglasses through the mail and indicated they will not return to the facility for fitting, be given useful information on the eyeglasses and authorization to have adjustment and/or fitting of eyeglasses at VA expense. Veterans need to be encouraged to return to the dispensing facility for adjustment and fitting whenever possible. Whether initial, previous, or on-going users, single copies of Appendix A and Appendix B are to be mailed with the letter of notification that eyeglasses are on order; this letter is mailed at the time the eyeglasses are ordered and is generally received 4 to 5 days before the eyeglasses arrive.

c. At least five pairs of prescription optics per month of patients receiving eyeglasses by mail must be sampled by PSAS or a VA optical laboratory to monitor the quality of fabrication, patient satisfaction, and timeliness of delivery.

d. When veterans eligible and entitled for eyeglasses indicate that they will not return to the facility to pick-up the eyeglasses, their prescription will be flagged to ensure that appropriate information is mailed to them. A letter notifying the veteran of when the eyeglasses may be expected to arrive is to be developed through the prosthetic software at the time the purchasing document to the contractor is being prepared. A copy of Appendix A must be included with every letter. If the prescription includes 'bifocal lens,' a copy of Appendix B must be included with the notification letter. All veterans who are mailed eyeglasses are to be encouraged to have them adjusted and/or fitted..

e. When the adjusting and/or fitting optician, optometrist, or ophthalmologist indicates that the eyeglasses are not made within the American National Standards Institute (ANSI) Z80 standards of manufacturing tolerances, local facility prosthetics activity contacts the eyeglasses fabricator for a remake and notifies the Contracting Officer. When the adjusting and/or fitting optician, optometrist, or ophthalmologist indicates that the eyeglasses comply with the written prescription, but that the prescription does not meet the veteran's visual needs, the local prosthetic activity must arrange for another eye examination at the prescribing facility or in the veteran's local area, as appropriate. Annually, a report of the events is to be provided to the Chief of Optometry, Chief of Ophthalmology, or Chief of Eye Clinic.

CARE OF YOUR EYEGLASSES

1. Cleaning Your Lenses

- a. Never wipe your plastic lenses when they are dry.
- b. Never wipe your polycarbonate lenses when they are dry.
- c. Rinse your lenses off under running water.
- d. Use liquid dish soap or glass cleaner (with ammonia).
- e. Wash the lenses to clean off dirt and grease.
- f. When they are clean, wipe them with tissue or a lint-free cloth.

2. Screws. Keep the screws on your glasses' frame tight.

- a. If the screws become loose, you could lose a lens from your glasses.
- b. Have someone where you had your eyeglasses adjusted tighten the screws or purchase an eyeglass screwdriver set and tighten the screws regularly yourself.

3. Removing Glasses. Always use two hands to take your glasses off your face. Using one hand twists the frame and the lenses could pop out. Keep your glasses in your case when you are not using them.

4. "Photogray" Lenses. If you received "Photogray" lenses, they need to be primed before use.

- a. Priming the lenses helps them to darken as fast as possible.
 - b. Put the glasses in their case. Then put the glasses and case in the freezer of your refrigerator for 30 minutes.
 - c. To prime lenses:
 - (1) Use extreme cold temperature;
 - (2) Set the glasses with front side facing up in bright sunlight; or
 - (3) Leave them in the sun for about 1 hour. The bright sun light can also prime the lenses.
5. If your lenses become chipped, they should be replaced.

BIFOCAL ADAPTATION

1. Bifocals are a handy way to have clear vision for both distance and reading in a single pair of eyeglasses.
2. There are a few hints that are helpful in getting used to these new glasses:
 - a. When you pick up your new glasses, make sure they are adjusted on your face.
 - b. Do not drive while wearing your new eyeglasses until you have become familiar with wearing them.
 - c. Wear your new glasses at home and in familiar areas for about 1 week.
 - d. After 1 week (or more), then you can wear them elsewhere.
3. The line will be the hardest to adapt to.
 - a. Look above or below the line, never through it.
 - b. Move your eyes up and down to look around the line.
 - c. Move your head and bend your neck as little as possible.
4. When stepping off curbs and walking on stairs, you must bend your head down and look over the line. If you don't, your feet will be blurred and you may trip.
5. Practice with your new glasses.
 - a. Sit and watch a TV program while looking over the line.
 - b. Switch to a book in your lap and look under the line to read.
6. Bifocals are like new shoes.
 - a. Just as you break in shoes over days and weeks, you may need to so with new glasses.
 - b. Give yourself time to adapt to them.
 - c. Make it easy for yourself while you get familiar with your new glasses.
 - d. Wear them at home and in non-stressful situations.

Personal Emergency Response Systems - No Monthly Fees



VHA Direct

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