

Family Vision Care wants to help you and your family with your visual needs

Check the circle if your answer is yes

- Do you suffer with eyestrain or headaches while working on the computer?
Number of hours a day on the computer_____
- Do you think you might benefit from thinner, lighter lenses?
- If you wear contact lenses, are you satisfied with the vision and comfort?
- Do you have an interest in a “Test Drive” of the latest contact lens designs?
- Would you be interested in colored contact lenses to change/enhance your eye color?
- Do you spend time outdoors?
Number of hours a week_____
- Do you have prescription sunglasses?
- Do you prefer not to wear your glasses at times?
- Do you want information on Laser Vision Correction surgery?
- Do you have interest in a non-surgical approach to vision correction?
- Do you have more than 1 pair of current prescription glasses?
- Do you have children?
- Have family members in need of eye care?
- If you wear bifocals, do the lines or head tilt bother you?
- Do you need safety glasses for work or hobbies?