



Natural Vision Prescription Tracking Page:

TODAYS DATE: _____

My original 20/20 Prescription

Prescription	Sphere/ Correction	Cylinder for Astigmatism	Axis for Astigmatism	ADD	Prism	Base
O.D. (Right Eye)						
O.S. (Left Eye)						

As of _____ (Date) I have been wearing my original full 20/20 prescription _____ hours/day, which is _____ % of my waking hours.

My first 20/40 reduced Prescription (Transition (T) Glasses or “Step Down” Glasses

Prescription	Sphere/ Correction	Cylinder for Astigmatism	Axis for Astigmatism	ADD	Prism	Base
O.D. (Right Eye)						
O.S. (Left Eye)						

When I wear my 20/20 glasses I feel:

When I wear my (T) glasses I feel:

Theses are the activities I currently comfortable doing without my glasses: