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Optometry Times

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Please fill in ovals as shown: ●

1. What is your professional status?

- 0100 ☐ Optometrist
0110 ☐ Optometric Student
0120 ☐ Optician
0130 ☐ Ophthalmologist
0200 ☐ Other (please specify) _____

2. What is your professional classification?

- 0010 ☐ Solo Practice
0020 ☐ Partnership or Group Practice
0030 ☐ Corporate Franchise
0040 ☐ Independent affiliated with Retail Corporation
0050 ☐ Employee of Retail Corporation
0060 ☐ Employed by OD
0070 ☐ Employed by MD
0080 ☐ HMO
0090 ☐ Optical Laboratory/Wholesale/Distributor
0200 ☐ Other (please specify) _____

3. Indicate **ALL** that apply to your practice:

- A ☐ Contact Lenses
B ☐ Complementary Medicine/Nutrition
C ☐ Pediatrics
D ☐ Primary Care Optometry
E ☐ Retina
F ☐ Glaucoma
G ☐ Peri-Operative Management of Ophthalmic Surgery
H ☐ Pharmacology
I ☐ Cataract/Refractive Surgery Management
J ☐ Cornea/External Disease
K ☐ Dispensing
L ☐ Low Vision
M ☐ Neuro-Optometry
N ☐ All of the Above
P ☐ Other (please specify) _____
Q ☐ None of the above

4. Which of the following do you buy, specify, prescribe, or influence the purchase of?

- A ☐ Contact Lenses and Solutions
B ☐ Eyewear/Frames
C ☐ Spectacle Lenses
D ☐ Pharmaceuticals
E ☐ Diagnostic Instruments and Equipment
F ☐ All of the Above
X ☐ Other (please specify) _____
Z ☐ None of the Above

5. Do you fit contact lenses? ☐ Yes ☐ No

6. Do you offer in-house surfacing? ☐ Yes ☐ No

7. Do you offer in-house finishing? ☐ Yes ☐ No

8. Do you currently dispense hearing services/products?
☐ Yes ☐ No

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