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Please fill in ovals as shown: ●

1. What is your specialty? (Fill in ONE only.)

0010 ☐ Practicing Ophthalmologist, Ophthalmic Fellow or Resident

0020 ☐ Optometrist/Optometry Specialist

0100 ☐ Other (please specify) _____ ▲

2. Which best describes your professional classification?

(Fill in ONE only)

110 ☐ Member of a Group

120 ☐ Solo Practitioner

125 ☐ Academic/Teaching

130 ☐ Member of an HMO

135 ☐ Fellow/Resident

145 ☐ Military/Armed Forces

140 ☐ Other (please specify) _____

3. Indicate ALL sub-specialties that apply:

A ☐ Cataract Surgery

B ☐ Vitreous/Retinal Disorders

C ☐ Pediatrics

D ☐ Glaucoma

E ☐ Refractive Surgery

F ☐ Corneal/External Eye Disease

G ☐ Plastics

H ☐ Neuro-Ophthalmology

I ☐ Pathology

J ☐ All of the above

K ☐ Other (please specify) _____

L ☐ None of the above

4. Do you currently dispense the following? (Fill in ALL that apply.)

A ☐ Contact Lenses

B ☐ Eyewear/Frames

C ☐ Other (please specify) _____

D ☐ None of the above

5. Do you offer in-house surfacing?

Y ☐ Yes N ☐ No

6. Do you offer in-house finishing?

Y ☐ Yes N ☐ No

7. Do you currently dispense hearing services/products?

Y ☐ Yes N ☐ No

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