

Use this tool to:

1. Log patients who take home a trial of Bausch + Lomb INFUSE<sup>®</sup> for Astigmatism

2. Note if their current contacts presented challenges related to vision, comfort, or otherwise

3. Track successful Bausch + Lomb INFUSE<sup>®</sup> for Astigmatism purchases

Review outcomes with your Bausch + Lomb representative and discuss how to properly position the product in your practice.

INFUSE <sup>®</sup> for ASTIGMATISM TRIAL TRACKER						
Patient No.	Exam date	Patient first name	Patient last name	Current contact lens brand/correction type	Currently facing lens-related challenges?	Date to contact for follow-up
Ex.	5/1/24	Jennifer	Smith	Glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No	8/1/24
1					<input type="checkbox"/> Yes <input type="checkbox"/> No	
2					<input type="checkbox"/> Yes <input type="checkbox"/> No	
3					<input type="checkbox"/> Yes <input type="checkbox"/> No	
4					<input type="checkbox"/> Yes <input type="checkbox"/> No	
5					<input type="checkbox"/> Yes <input type="checkbox"/> No	
6					<input type="checkbox"/> Yes <input type="checkbox"/> No	
7					<input type="checkbox"/> Yes <input type="checkbox"/> No	
8					<input type="checkbox"/> Yes <input type="checkbox"/> No	
9					<input type="checkbox"/> Yes <input type="checkbox"/> No	
10					<input type="checkbox"/> Yes <input type="checkbox"/> No	
11					<input type="checkbox"/> Yes <input type="checkbox"/> No	
12					<input type="checkbox"/> Yes <input type="checkbox"/> No	
13					<input type="checkbox"/> Yes <input type="checkbox"/> No	
14					<input type="checkbox"/> Yes <input type="checkbox"/> No	
15					<input type="checkbox"/> Yes <input type="checkbox"/> No	

FOLLOW-UP TRACKER		
Did patient purchase INFUSE <sup>®</sup> for Astigmatism?	Vision rating (1) Poor - (5) Excellent	Notes
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5	Patient extremely happy with lens
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
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