

S P E C T R U M  
I N T E R N A T I O N A L

## Fitting Guide



## Patient Selection

- K's between 40 and 46 diopters
- Rx up to -5.00
- Up to 1.5 diopters with the rule astigmatism

## Pre-fitting Exam

- K's (Auto, Manual, or SimK's)
- Refraction
- HVID
- Topography
- Slit lamp evaluation
- Patient history

## Initial Lens Dispense

- Check position with NaFl - Bullseye pattern.
- Subjective evaluation to ensure tear exchange and basic positions. No lens changes are recommended based on NaFl.
- Minimal movement (1 - 2 mm)
- O/R with lenses on - should be approximately +/- 0.50 diopter
- Review insertion/removal with patient

## Day 1: Morning Visit

- VA without lenses
- Refraction
- Slit lamp evaluation
- Topography

## RECOMMENDED FOLLOW-UP SCHEDULE

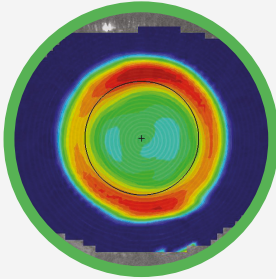
1 Day | 1 Week | 1 Month | 6 Months | Annual

At least 1 week of wear should occur along with a repeated unacceptable result before any lens changes are made. (It is normal for a patient to experience a difficult night occasionally.)

All lens design modifications are based on patient topographic changes and refractive requirements, making both pieces of data necessary.

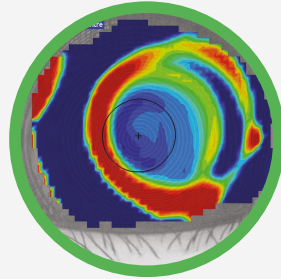
# TOPOGRAPHY FIT EVALUATION

## Bullseye Pattern



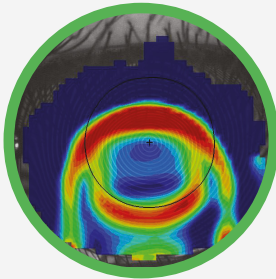
Good Centration  
Good Treatment Zone

## Lateral Crescent



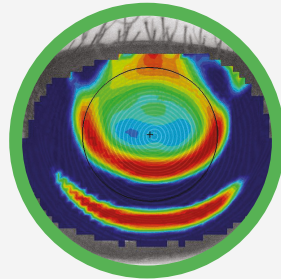
Nasal or Temporal  
Increase Lens Diameter by 0.4mm

## Frown



Lens is Low = Too Tight  
Flatten Ac1 and Ac2 by 0.1mm

## Smile



Lens is High = Too Loose  
Steepen Ac1 and Ac2 by 0.1mm

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It has been the easy, safe and non-surgical alternative option of choice for over  
a million eyes around the world with outstanding results.