

Dispensing Glasses

You have helped your patient pick out the best lenses and the frame they love. The order has been placed and has arrived. The patient has been notified and now they are here to pick up their glasses. As optical professionals, there are two distinct times when we fit and adjust a patient's eyewear. The initial dispense when the patient is putting on their glasses for the first time and when the patient returns because their glasses are no longer fitting properly due to routine wear or damage. Let's begin with the initial dispense.

Four Point Touch

When a frame comes from the lab for final inspection, it should be in standard or bench alignment.



This means that when the frame is placed on a flat surface upside down, both eye wires and the crest of each temple should rest on the surface. When the frame is turned over, both eye wires and temple tips should touch the surface. The temples should be near parallel and the frame should have slight face form. There should be no X-ing of the eye wires (twisting of the bridge). The lenses should be in the same plane and the same height.

Frame Misalignment



OD Skewed higher than OS



Proper frame alignment- When the temples are closed, they should overlap and be near parallel with the top of the frame.

If the frame has nose pads they should be symmetrical and have slight frontal, splay and vertical angles (complete descriptions to follow). The width should be slightly narrower than the contours of the eyewire.

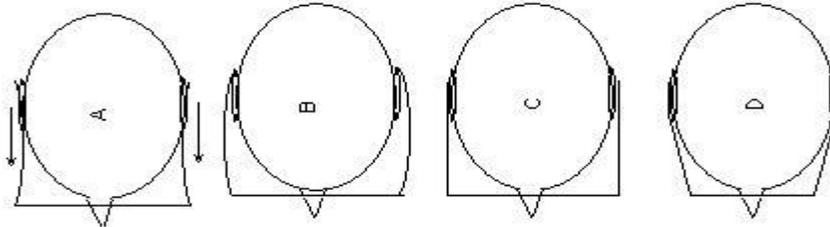
Any residue from the price sticker should be removed and cleaned. This is a good start on the way to the final adjustment and will give the patient confidence that we are professionals.

Dispensing steps:

1. **Set up:** When the patient arrives we should seat them and bring out the glasses in the dispensing trays (see below photo) These trays are to be used for ALL glasses orders even IDPA.



2. Fit



Ideally, the temples should go straight back, touching the sides of the patient's head as in example C above. They should not put pressure on the sides of the head as in example A. Nor should they bow out from the patient's head as in example B. With today's smaller frame sizes particularly on patients with larger heads, sometimes it is necessary to angle the endpieces of the temples out and curve them around the head as in example D.

Pantoscopic Tilt

Ideally, for good cosmetics and optics, there should be about 8 - 10 degrees of pantoscopic tilt for most frames. Most frame styles are made with this tilt. However adjustments made on frames can change this tilt.

Fitting the bridge

With a plastic frame only minimal adjustments can be made to the bridge. Care should be taken during frame selection to ensure a proper fit. The sides of the bridge should come in contact with the length of the nose. A frame that has a wider bridge than the patient's nose will rest on the top of the nose and will be uncomfortable and will slip.

Adjustable nose pads should be adjusted so the frame sits comfortably on the patient's bridge with the pupils falling slightly above the vertical center of the frame. Adjustments should be made to bring the maximum surface area of the pad in contact with the patient's nose. Use the nose pad pliers for these adjustments

Width – The horizontal distance between the pads when viewed from the front.

Frontal angle – The angle of the pads when viewed from the front of the frame. The tops of the pads should be slightly closer together than the bottoms of the pad following the contours of the nose as it gets wider from top to bottom.

Splay angle – The angle of the pads when viewed from the top of the frame. The front edges of the pads should be closer together than the back edges.

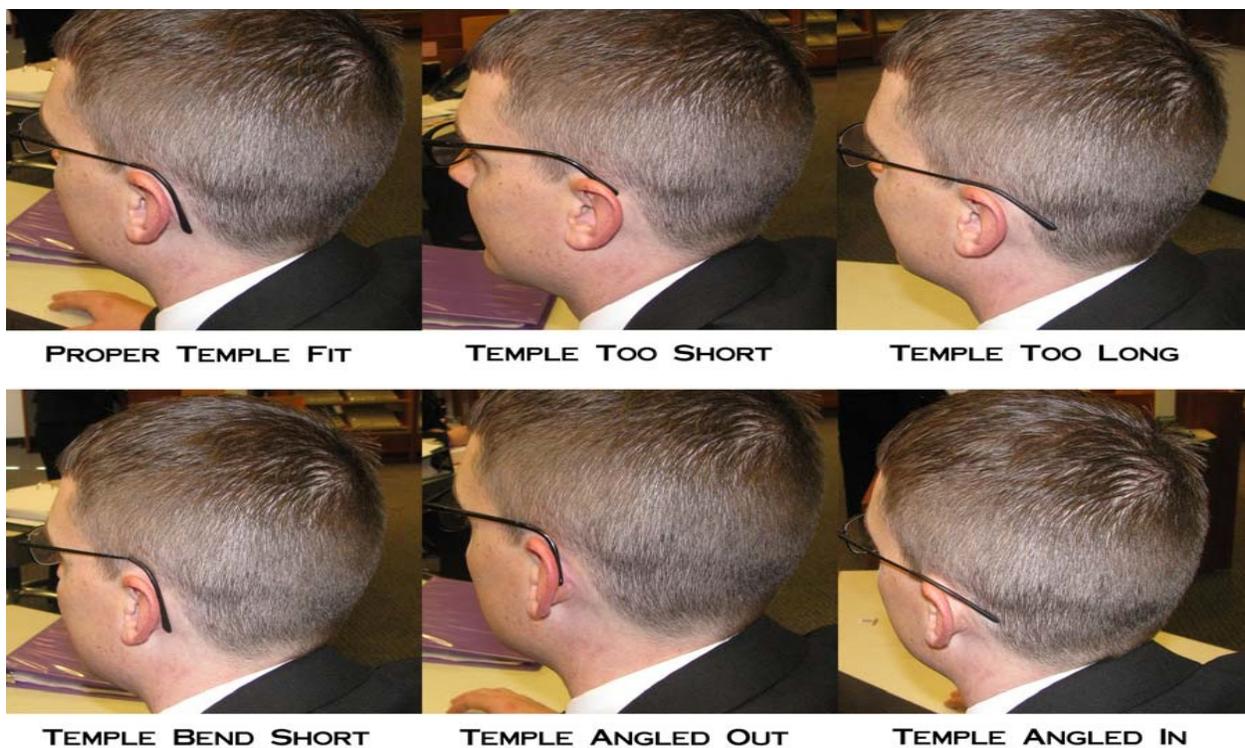
Vertical angle – The angle of the pads when viewed from the side of the frame. Since most frames will have some amount of pantoscopic tilt, the bottoms of the pads should be slightly closer to the frame front than the tops.

Fitting around the ears

When fitting temples, it is necessary to touch the patient's face and ears. Always let the patient know that you are about to touch them. If they are surprised, it can make them uncomfortable. Say something like "I need to check the fit of the frame around your ears."

The temple bend should occur just behind the junction of the top of the ear and the skull. The temple should then follow the contour of the bone behind the ear (the mastoid), touching, but not putting pressure there. There should also be no pressure on the soft tissue on the back of the ear. With a proper temple bend, the end of the temple should fall about one half to two thirds down the length of the ear.

Gently pull forward on the front of the frame while it is on the patient's face to check for slippage.



Rules for Commonly Required Frame Alignments

Left lens is higher - Bend left temple up, or right temple down.
Right lens is higher - Bend right temple up, or left temple down.
Left lens is lower - Bend left temple down, or right temple up.
Right lens is lower - Bend right temple down, or left temple up.
Left lens is farther in - Bend left endpiece in or right endpiece out.
Left lens is farther out - Bend left endpiece out or right endpiece in.
Right lens is farther in - Bend right endpiece in or left endpiece out.
Right lens is farther out - Bend right endpiece out or left endpiece in.

Use whichever adjustment will bring the fit the closest to standard alignment.

Increase pantoscopic angle - Bend both temples, or endpieces down.
Decrease pantoscopic angle - Bend both temples, or endpieces up.

A simple method to remember these rules is: “in with in, out with out, up with up, down with down.” If a lens is in, bend the temple in. If a lens is out, bend the temple out. If a lens is up, bend the temple up. If a lens is down, bend the temple down.

3. Checking the vision

Once the frame is fitted you need to make sure that the prescription is working well for the patient. If they saw our doctors check the patient information to make sure the prescription will allow for 20/20 vision. If not use the appropriate line 20/25, 20/50 ect. to check vision. If the patient is set to see only 20/50 and you give them a 20/20 card or line to view, they will not see clearly and believe the glasses are not right. If the patient has Bi-focals or a progressive have them review the reader card. Check to see how they hold their head to be sure that the seg is in the right place and make any adjustments needed.

For distance if you do not have appropriate distance viewing area, you can take them to the tech room and check the visual acuities for distance. (This is especially important for progressive wearers to make sure they are not seeing distance through their intermediate section of their progressive.) If they cannot see the 20/20 line adjust the frames for a better fit based on what they tell you to see if this helps. If the patients file has them seeing at a range less than 20/20 be sure to use the appropriate line on the chart. Using the tech room is something we have not done in the past but it will give that extra touch that they do not receive at our competitors and can allow us to fix issues before the patient leaves the optical.

If you let them leave without proper adjusting and their seg is too high or vision is not clear and then they have to come back when you could have fixed this problem the first time by doing an acuities check then you are NOT properly taking care of your patients.

ONCE EVERYTHING CHECKS OUT BE SURE TO PLACE THEIR OLD GLASSES, CASE AND PAPERWORK IN A MARION EYE CENTER BAG AND GIVE TO THE PATIENT AND THANK THEM FOR CHOSING US.

Proper dispensing is a process, by doing the steps and taking the time with the patient you set yourself apart from others which is the difference between average stores and GREAT STORES.

(Parts taken from the Open Optix ABO Study Guide at www.openoptix.org)