




# Sunglass Evaluation Report Form

Name: \_\_\_\_\_ Eye Condition: \_\_\_\_\_  
 \_\_\_\_\_  
 Acuity: \_\_\_\_\_ Recommendation(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Order from: [www.noir-medical.com](http://www.noir-medical.com) (or)  
 Wisconsin Council of the Blind, 754 Williamson St., Madison WI 53703  
 1-800-783-5213 or 608/255-1166  
 Estimated Cost: \_\_\_\_\_

<b>Color Preferred</b> 	Plum	Amber	Green	Gray	Red	Yellow	Orange
<b>Style/Size</b> 	Adult Non-fitover	Adult Fitover w/ side shields Small Medium Large	Adult Small Wrap-Arounds	Child-Frame Medium (KM) Small (KS)	Toddler	Infant	
<b>% of Light Transmittance</b> 	Light ____%	Medium ____%	Dark ____%				

**Notes:** Under which conditions should these be worn?

