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Please fill in ovals as shown: ●

1. What is your professional status?

- 0100 Optometrist
- 0110 Optometric Student
- 0120 Optician
- 0130 Ophthalmologist
- 0200 Other (please specify) _____

2. What is your professional classification?

- 0010 Solo Practice
- 0020 Partnership or Group Practice
- 0030 Corporate Franchise
- 0040 Independent affiliated with Retail Corporation
- 0050 Employee of Retail Corporation
- 0060 Employed by OD
- 0070 Employed by MD
- 0080 HMO
- 0090 Optical Laboratory/Wholesale/Distributor
- 0200 Other (please specify) _____

3. Indicate ALL that apply to your practice:

- A Contact Lenses
- B Complementary Medicine/Nutrition
- C Pediatrics
- D Primary Care Optometry
- E Retina
- F Glaucoma
- G Peri-Operative Management of Ophthalmic Surgery
- H Pharmacology
- I Cataract/Refractive Surgery Management
- J Cornea/External Disease
- K Dispensing
- L Low Vision
- M Neuro-Optometry
- N All of the Above
- P Other (please specify) _____
- Q None of the above

4. Which of the following do you buy, specify, prescribe, or influence the purchase of?

- A Contact Lenses and Solutions
- B Eyewear/Frames
- C Spectacle Lenses
- D Pharmaceuticals
- E Diagnostic Instruments and Equipment
- F All of the Above
- X Other (please specify) _____
- Z None of the Above

5. Do you fit contact lenses? Yes No

6. Do you offer in-house surfacing? Yes No

7. Do you offer in-house finishing? Yes No

8. Do you currently dispense hearing services/products?
 Yes No

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