

Please fill in the Project Description and return it (min 10 days before) consulting work begins:

Organisation Name	
Contact Person	
Physical Address: <i>Where work is to be performed</i>	

The work you would like Hopper Consultants to undertake is:

- Group Training
- In-Practice One on One Coaching
- Dispensing Locum
- Business Review
- Marketing
- Business Development
- Relocation – strategy and planning
- Other _____

Please explain in as much detail as required – what the expectations are for delivery of services:

Please list your Key Performance Indicators for this project:

DISPENSING OPTICIAN LOCUM WORK

What equipment is provided?

EQUIPMENT	AVAILABLE	NOT AVAILABLE
Pupilometer		
BVD Gauge or CVD Gauge		
Rodenstock ILT Fitting kit		
Computerised dispensing measurement equipment (if yes, please provide brand name)		
Lens Calliper		
Edging and Fitting Equipment		
Hand Edger		
Electronic Transfer Lens Tracing (please provide brand(s))		
Thickness Gauge		
Lens Clock		
Focimetre (Digital)		
Focimetre (Other)		
Inclination Pliers		
Meniscus Pliers		
Nose Pad Arm adjusting pliers		
Silhouette Repair kit		
Range of spare parts		
Optomate		
Vision		
Other Practice Management Software		
OTHER:		

Please give a brief description of your handover procedure:

i.e.: is any discussion of lens design done by the examining optometrist? If so, how is this relayed to the dispensing optician, if at all?

Do you have a preferred lens supplier or lens modality (*EXAMPLES in blue*)

Supplier	Progressive	Occupational	BF/TF	Single Vision
Example: Essilor	Physio 360F	Nikon Webb	D28	1.59 or best for script
Example: HOYA	ID MyStyle	Cliarc	CT28	Best for script

Do you require pretesting? If so what equipment do you use?



50 Banbury Crescent – Hamilton 3214
07 855 0044 tel / 027 244 1956 mobile
marysue@hopperconsultants.co.nz
www.hopperconsultants.co.nz

Hours of operation:

(Not scheduled hours, but total opening hours – to be able to answer your clients question(s) when answering phones, etc.)

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

Is there any other information that is specific to your practice that you would like to tell me about prior to working? _____

Accommodation provided

Place: _____

Address: _____

Phone Number _____

Special Instructions: