

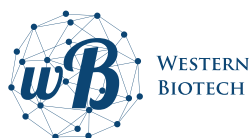
1-Day
Ocylens[®]
Soft Contacts

**OCYLENS (ETAFILCON A)
DAILY DISPOSABLE SOFT (HYDROPHILIC) CONTACT LENSES
PROFESSIONAL FITTING AND INFORMATION GUIDE**

Hydrogel, etafilcon A, Aspheric

Rx Only CAUTION

The US federal law restricts this device to sale by or on the order of a licensed eye care practitioner.



July 2018

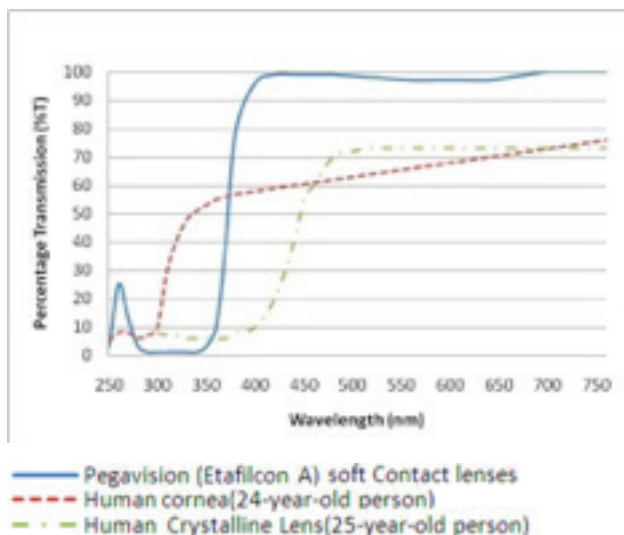
IMPORTANT

This Professional Fitting and Information Guide has been developed to provide eye care professionals with information covering characteristics of the OcyLens (etafilcon A) Aspheric Hydrogel Daily Disposable Soft (Hydrophilic) Contact Lenses, and to illustrate fitting procedures. Please read carefully and keep this information for future use.

PRODUCT DESCRIPTION

The OcyLens (etafilcon A) Daily Disposable Soft (Hydrophilic) Contact Lenses are made from a hydrogel material containing 58% water and 42% etafilcon A. The lens material (etafilcon A) is a hydrophilic copolymer of 2-hydroxyethyl methacrylate (2-HEMA) and Methacrylic Acid (MAA). When hydrated, the lenses consist of 42% (etafilcon A) and 58% water by weight when immersed in buffered saline. The lens polymer contains a UV absorbing compound and is available clear or with a blue visibility-handling tint, color additive "reactive Blue19", 21 CFR part 73.3121. A benzotriazole UV absorbing monomer is used to block UV radiation. The UV Blocking averages 95% in the UVB range of 280 nm to 315 nm and 50% in the UVA range of 316 nm to 380 nm. The etafilcon A name has been adopted by the United States Adopted Names Council (USAN).

TRANSMITTANCE CURVES : Typical Transmittance Profile of -3.00D OcyLens (etafilcon A) Contact Lenses with UV blocker versus a human cornea from a 24 year-old person and a human crystalline lens from a 25 year-old person.



Reference : (1) Lerman, S., *Radiant Energy and the Eye*, MacMillan, New York, 1980, p.58, Figure 2-21; (2) Waxler, M. Hitchins, V.M., *Optical Radiation and Visual Health*, CRC Press, Boca Raton, Florida, 1986, p.19, figure 5.

WARNING :

UV-absorbing contact lenses are NOT substitutes for protective UV-absorbing eyewear such as

UV-absorbing goggles or sunglasses because they do not completely cover the eye and surrounding area. You should continue to use UV-absorbing eyewear as directed.

Long-term exposure to UV radiation is one of the risk factors associated with cataracts. Exposure is based on a number of factors such as environmental conditions (altitude, geography, cloud cover) and personal factors (extent and nature of outdoor activities). UV-absorbing contact lenses help provide protection against harmful UV radiation. However, clinical studies have not yet proven that wearing UV-absorbing contact lenses reduces the risk of developing cataracts or other eye disorders. Consult your eye-care practitioner for more information.

LENS PARAMETER

The OcyLens (etafilcon A) Daily Disposable Soft (Hydrophilic) Contact Lens is a hemispherical shell of the following dimensions.

Type 1 Spherical & Aspheric :

Diameter Range : 13.6 to 14.7 mm

Base Curve : 7.9 to 9.2 mm

Center Thickness : 0.08 ± 0.02 mm (e.g., -3.00D),
varies with power (e.g., +3.00D : 0.20mm ± 0.02)

Power :

-6.50 D to -10.00 D Diopter (in 0.50 D increments)

-0.50 D to -6.00 D Diopter (in 0.25 D increments)

+0.50 D to +4.00 D Diopter (in 0.25 D increments)

+4.50 D to +6.00 D Diopter (in 0.50 D increments)

The physical/optical properties of the lens are

Refractive Index : 1.402

Light Transmittance : 95% minimum

Surface Character: Hydrophilic

Water Content : 58%

Oxygen Permeability (Dk) : 19.73×10^{-11} (cm²/s)
{mLO₂ml/(ml*mmHg)}

ACTIONS

In its hydrated state, the OcyLens (etafilcon A) Daily Disposable Soft (Hydrophilic) Contact Lenses, when placed on the cornea, acts as a refracting medium to focus light rays on the retina.

The visibility tinted The OcyLens (etafilcon A) Daily Disposable Soft (Hydrophilic) Contact Lenses allow the lens to become visible to the wearer when the lens is not on the eye. The OcyLens (etafilcon A) Daily Disposable Soft (Hydrophilic) Contact Lenses blocks 50% of UVA radiation and 95% UVB radiation average across the spectrum. (Please refer to the accompanying transmittance curve graph)

INDICATIONS

The Ocylens (etafilcon A) Daily Disposable Soft (Hydrophilic) Contact Lenses are indicated for daily wear for the correction of ametropia (myopia and hyperopia) in aphakic and/or non-aphakic persons with non-diseased eyes in powers from +20.00 to -20.00 diopters. The lenses may be worn by persons who exhibit astigmatism of 2.00 diopters or less that does not interfere with visual acuity.

Eye care practitioners may prescribe the lens for daily wear (disposable use) single use. The lenses are to be discarded upon removal. Therefore, no cleaning or disinfecting is required. The Ocylens (etafilcon A) Daily Disposable Soft (Hydrophilic) Contact Lenses help protect against transmission of harmful UV radiation to the cornea and into the eye. The lenses are intended for single-use disposable wear.

CONTRAINDICATIONS (REASONS NOT TO USE)

DO NOT USE the Ocylens (etafilcon A) Daily Disposable Soft (Hydrophilic) Contact Lenses when any of the following conditions exists :

- Acute and subacute inflammation or infection of the anterior chamber of the eye.
- Any eye disease, injury, or abnormality that affects the cornea, conjunctiva, or eyelids.
- Severe insufficiency of lacrimal secretion (dry eyes).
- Corneal hypoesthesia (reduced corneal sensitivity).
- Any systemic disease that may affect the eye or be exaggerated by wearing contact lenses.
- Allergic reactions of ocular surfaces or adnexa (surrounding tissue) that may be induced or exaggerated by wearing contact lenses or use of contact lens solutions.
- Allergy to any ingredient in the contact lens material.
- Any active corneal infection (bacterial, fungal, or viral).
- If eyes become red or irritated.
- History of recurrent eye or eyelid infections, adverse effects associated with contact lens wear, intolerance or an unusual response to contact lens wear.
- Use of any medication that is contraindicated or interferes with contact lens wear, including ocular medications.
- The patient is unable or unwilling to follow the eye care professionals' directions for removal and disposal of the lenses or unable to obtain assistance to do so.

WARNINGS

PROBLEMS WITH CONTACT LENSES AND LENS CARE PRODUCTS COULD RESULT IN SERIOUS INJURY TO THE EYE.

It is essential that the patient follows the directions of the eye care practitioner and all labeling instructions for proper use of contact lenses. Patients should be advised of the following instructions for use and warnings pertaining to contact lens wear :

- Eye problems, including a sore or lesion on the cornea (corneal ulcers), can develop rapidly and lead to loss of vision.
- Studies have shown that contact lens wearers who are smokers have a higher risk incidence of adverse reactions than nonsmokers, especially when lenses are worn overnight or while sleeping.
- If a patient experiences eye discomfort, such as foreign body sensation, excessive tearing, vision changes, or redness of the eye or other problems .The patient should immediately remove lenses and promptly contact his or her eye care professional.
- Daily wear lenses are not indicated for overnight wear, and patients should be instructed not to wear lenses while sleeping. Clinical study results have shown that the risk of serious adverse reactions is increased when lenses are worn overnight.
- Non-compliance with the manufacture's labeled lens care instruction may put the patient at significant risk of developing a serious eye infection.
- Tap water, distilled water, homemade saline solutions or saliva should NOT be used at any time with contact lenses. The use of tap and distilled water has been associated with Acanthamoeba keratitis, a corneal infection that is resistant to treatment and cure.

PRECAUTIONS

Special Precautions for Eye Care Professional :

- Due to the small number of patients enrolled in clinical investigation of lenses, all refractive powers, design configurations, or lens parameters available in the lens material are not evaluated in significant numbers. Consequently, when selecting an appropriate lens design and parameters, the eye care professional should consider all characteristics of the lens that can affect lens performance and ocular health, including oxygen permeability, wettability, central, and peripheral thickness, and optic zone diameter.

- The potential impact of these factors on the patient's ocular health should be carefully weighed against the patient's need for refractive correction; therefore, the continuing ocular health of the patient and lens performance on eye should be carefully monitored by the prescribing eye care professional.
- Fluorescein, a yellow dye, should not be used while the patient is wearing the lenses, because the lenses will absorb this dye and become discolored. Whenever fluorescein is used in eye, flush the eyes with sterile saline solution. Wait at least 10 minutes before reinserting the lenses. If it is not possible to flush the eyes, wait at least 1 hour before wearing the lenses. If inserted too soon, the lenses may absorb remains fluorescein.
- Before leaving the eye care professional's office, the patient should be able to promptly remove lenses or should have somebody else available who can remove the lenses for him or her.
- Eye Care Professional should instruct the patient to remove the lenses immediately if the eyes become red or irritated.
- Eye care professional should carefully instruct patients about the following safety precautions, including the need for routine eye examinations being necessary to help assure the continued health of the patient's eyes: (NO SOLUTIONS FOR DAILY LENSES)
- If the lens sticks (stops moving) on the eye, follow the recommended directions in Care for a Sticking Lens. The lens should move freely on the eye for the continued health of the eye. If non-movement of the lens continues, you should immediately consult your eye care professional.
- Always wash and rinse hands before handling lenses. Do not get cosmetics, lotions, soaps, creams, deodorants, aerosol products or hair sprays in the eyes or on the lenses. It is best to put on lenses before putting on make-up. Water-base cosmetics are less likely to damage lenses than oil-base products.
- Do not touch contact lenses with the fingers or hands if the hands are not free of foreign materials, as microscopic scratches of the lenses may occur, causing distorted vision or injury to the eye.
- Exposure to water while wearing contact lenses in activities such as swimming, water skiing, and hot tubs may increase the risk of ocular infection, including but not limited to acanthamoeba keratitis.
- Ask the eye care professional about wearing contact lenses during sporting activities.
- Never wear lenses beyond the period recommended by the eye care professional.
- If aerosol products such as hair spray are used while wearing lenses, exercise caution and keep eyes closed until the spray has settled.
- Always handle lenses gently and avoid dropping them.
- Avoid all harmful or irritating vapors and fumes while wearing lenses.
- Aphakic patients should not be fitted with lenses until the determination is made that the eye has healed completely from surgery.
- Inform the doctor (eye care professional) about being a contact lens wearer
- Never use tweezers or other tools to remove lenses from the lens blister pack unless specifically indicated for that use. Pour the lens into the hand.
- Do not touch the lens with fingernails.
- Always discard lenses after the recommended wearing schedule prescribed by the eye care professional.
- Always contact the eye care professional before using any medicine in the eyes.
- Always inform the employer of being a contact lens wearer. Some jobs may require use of eye protection equipment or may require that the patient not wear contact lenses.
- As with any contact lens, follow-up visits are necessary to assure the continuing health of the patient's eyes. The patient should be instructed as to a recommended follow-up schedule.
- Patients should never exceed the prescribed wearing schedule regardless of how comfortable the lenses feel. Doing so increases the risk of adverse effects.
- Do not use lenses past the expiration date.
- Certain medications may cause dryness of the eye, increased lens awareness, lens intolerance, blurred vision or visual changes. These include, but are not limited to, antihistamines, decongestants, diuretics, muscle relaxants, tranquilizers, and those for motion sickness. Caution patients using such medications accordingly and prescribe proper remedial measures.
- Patients who are pregnant or oral contraceptive users could develop visual change or change in lens tolerance when using lenses.
- Do not use if the sterile blister package is opened or damaged.
- Diabetics may have reduced corneal sensitivity and may be more prone to corneal injury and do not heal as quickly or completely as non-diabetics.
- Patients who wear contact lenses to correct presbyopia may not achieve the best correct visual acuity for either far or near vision. Vision requirements vary with the individual and should be considered when selecting the most appropriate type of lens for each patient.
- Patients should be instructed to never allow anyone to wear their lenses. They have been prescribed to fit their eyes and to correct their vision to the degree necessary. Sharing lenses greatly increase the chance of eye infections.

ADVERSE REACTIONS (PROBLEMS AND WHAT TO DO)

The patient should be informed that the following problems may occur when wearing contact lenses :

- Eyes stinging, stinging, burning, itching (irritation), or other eye pain
- Comfort is less than when lens was first placed on eye
- There may be feeling that something is in the eye such as a foreign body or scratched area
- Excessive watering (tearing) of the eyes
- Unusual eye secretions
- Redness of the eyes
- Reduced sharpness of vision (poor visual acuity)
- Blurred vision, rainbows, halos around objects
- Sensitivity to light (photophobia)
- Dry eyes
- Foreign body sensation

If the patient notices any of above, he or she should be instructed to:

- Immediately remove lenses.
- If the discomfort or problem stops, then look closely at the lens. If the lens is in any way damaged, DO NOT put the lens back on the eye. Discard the lens and contact your eye care practitioner. If your lens has dirt, an eyelash, or foreign body on it, or the problem stops and the lens appears undamaged, you should discard the lens upon removal and replace it with a new one.
- If the above symptoms continue after removal of the lens, or upon insertion of a new lens, the patient should immediately remove the lens and contact his or her eye care practitioner or physician, who must determine the need for examination, treatment or referral without delay. (See Important Treatment Information for Adverse Reactions.) A serious condition such as infection, corneal ulcer, corneal vascularization, or iritis may be present, and may progress rapidly. Less serious reactions such as abrasions, epithelial stinging or bacterial conjunctivitis must be managed and treated carefully to avoid more serious eye damage. Additionally, contact lens wear may be associated with ocular changes which require consideration of discontinuation or restriction of wear. These include, but are not limited to, local or generalized corneal edema, epithelial microcysts, epithelial staining, infiltrates, neovascularization, endothelial polymegathism, tarsal papillary changes, conjunctival injection or iritis.
- When any of the above problems occur, a serious

condition such as infection, corneal ulcer, neovascularization, or iritis may be present. You should keep lens off the eye and seek immediate professional identification of the problem and prompt treatment to avoid serious eye damage.

- Patients should be reminded to keep a spare pair of lenses with them at all times.
- If the lens is prescribed for disposable use only, you should always discard the lens upon removal, and never place it in the storage case.

IMPORTANT TREATMENT INFORMATION FOR ADVERSE REACTIONS

Sight-threatening ocular complications associated with contact lens wear can develop rapidly, and therefore, early recognition and treatment of problems are critical. Infectious corneal ulceration is one of the most serious potential complications, and may be ambiguous in its early stage. Signs and symptoms of infectious corneal ulceration include discomfort, pain, inflammation, purulent discharge, sensitivity to light, cells and flare and corneal infiltrates.

Initial symptoms of a minor abrasion and an early infected ulcer are sometimes similar. Accordingly, such epithelial defect, if not treated properly, may develop into an infected ulcer. In order to prevent serious progression of these conditions, a patient presenting symptoms of abrasions or early ulcers should be evaluated as a potential medical emergency, treated accordingly, and be referred to a corneal specialist when appropriate. Standard therapy for corneal abrasions such as eye patching or the use of steroids or steroid/antibiotic combinations may exacerbate the condition. If the patient is wearing a contact lens on the affected eye when examined, the lens should be removed immediately and the lens and lens care products retained for analysis and culturing.

SELECTION OF PATIENTS

- The OcyLens (etafilcon A) Contact Lenses are indicated for daily wear for vision correction of refractive ametropia (myopia and hyperopia) and presbyopia in aphakic and/or non-aphakic persons with non-diseased eyes.
- The lens is intended for single-use disposable wear.
- Persons who require vision correction and who would not or could not adhere to a recommended wear and care regimen for the OcyLens (etafilcon A) Contact Lenses or are unable to place and remove the lenses should not be provided with them. Failure to follow handling and wearing instructions could lead to serious eye infections that might result in corneal ulcers.
- Patient communication is vital because it relates not only to patient selection, but also to ensuring patient compliance. It is also necessary to discuss the

information contained in the Patient Information Booklet with the patient at the time of the initial examination.

- Patients selected to wear the OcyLens (etafilcon A) Contact Lenses should be chosen for their motivation to wear contact lenses, general health and cooperation. The Eye Care Professional must take care in selecting, examining and instructing contact lens patients. Patient hygiene and willingness to follow practitioner instructions are essential to their success.
- A detailed history is crucial to determining patient needs and expectations. Your patient should be questioned regarding vocation, desired lens-wearing time (full or part-time), and desired lens usage (reading, recreation or hobbies).
- Initial evaluation of the trial lens should be preceded by a complete eye examination, including visual acuity with and without correction at both distance and near, keratometry and slit lamp examination.
- It is normal for the patient to experience mild symptoms such as lens awareness, variable vision, occasional tearing (watery eyes) and slight redness during the adaptation period. Although the adaptation period varies for each individual, generally within one week these symptoms will disappear. If these symptoms persist, the patient should be instructed to contact their eye care professional.

GENERAL FITTING PROCEDURE

- Perform a preliminary evaluation to determine distance refraction as well as to rule out contraindications to contact lens wear as described in the Package Insert.
- Lens power is determined from the patient's spherical or aspherical equivalent prescription corrected to the corneal plane (i.e., corrected for the vertex distance used for the refraction)
- Make the initial base curve selection if more than one is available. In clinical tests, the OcyLens (etafilcon A) SPHERE and ASPHERE Contact Lenses in the 8.5mm/14.2mm parameters have performed successfully on eyes with a range of keratometry readings. However, corneal curvature measurements should be performed to establish the patient's baseline ocular status. Trial lenses should be placed on each of the patient's eyes and evaluated after the patient has adjusted to the lenses.
- Place the lens on the eye. Allow the lens to remain on the eye long enough to achieve a state of equilibrium. Small variation in the tonicity, pH or the lens solutions and individual tear composition may cause slight changes in fitting characteristics.
- If the initial lens selection covers the patient's cornea fully, provides discernible movement (0.10mm to 0.30mm after blink) or is mobile using the push-up test, is comfortable for the patient and provides satisfactory visual performance, it is a well-fitted lens and can be

dispensed. (See Criteria for a Well-Fitted Lens under CLINICAL ASSESSMENT).

- Full coverage of the cornea is defined as the lens edge extending beyond the limbal area in all directions. Initial lens evaluation should be done after at least 10 minutes of lens wear to allow the lens to stabilize and any tearing to subside.
- Following a blink, the lens should move vertically on the patient's eye about 0.10mm to 0.30 mm. Using a slit lamp, this movement can be estimated by comparing it with the one-millimeter lens peripheral bevel width.
- The Push-up Test is also a reliable indicator of a well-fit lens. With the patient looking straight ahead, use your index finger on the patient's lower lid to nudge the edge of the lens upward while observing lens movement, then pull the lid back down and observe the return of the lens. A well-fitted lens will move freely upward, stopping shortly after passing the limbus and then return freely to its original position.
- When lenses are dispensed for vision correction, the wearer must be supplied with an appropriate wearing regimen and must fully understand all lens handling and emergency lens care instructions to prevent lens damage as described in the Package Insert.

CLINICAL ASSESSMENT

CRITERIA FOR A WELL-FITTED LENS

- sufficient lens movement to allow tear exchange under the lens during a blink in either primary or upward gaze.
- good centration in primary gaze and full corneal coverage in all fields of gaze.
- satisfactory results on the push-up test.
- good comfort and a stable visual response (with over-refraction if needed).

CHARACTERISTICS OF A TIGHT LENS

A tight lens fit should not be dispensed. A tight lens fit would display some or all of the following characteristics:

- insufficient or no lens movement during a blink in either primary or upgaze
- unsatisfactory results on the push-up test showing a lens that resists movement, remains decentered or returns slowly to its original position.
- good comfort.
- fluctuating vision between blinks.

CHARACTERISTICS OF A LOOSE LENS

A loose lens fit should not be dispensed. A loose lens fit would display some or all of the following characteristics:

- Excessive movement in either primary or upgaze.
- poor centration in primary and upgaze.
- unsatisfactory results on the push-up test showing a lens that moves very easily, remains decentered or returns very quickly to its original position or even drops down lower than its original position.
- reduced comfort.
- vision may be blurred after the blink

RECOMMENDED WEARING SCHEDULE

The prescribing eye care professional for each individual patient, based upon a full examination and patient history as well as the practitioner's experience and professional judgment should determine the wearing schedule. Patients should be given a wearing schedule and carefully instructed on the handling and care of their lenses as discussed in the Package Insert. Also be sure to complete the personal wearing/replacement schedule record in the patient information booklet. Eye Care Professional may prescribe the lens for single-use daily disposable wear. The lens is intended for single-use disposable wear. (See the factors discussed in the WARNINGS section.)

Follow up examinations are necessary to ensure continued successful contact lens wear and to ascertain the effects of the lenses on the eyes. The following schedule is a suggested guideline for daily wear contact lenses:

- 24 hours post-dispensing
- 7 days
- 1 month
- 3 months
- Every 6 months thereafter

HANDLING OF LENSES

- Always wash, rinse and dry hands before handling contact lenses.
- All traces of soap, perfumes, hair sprays, creams and lotions should be removed from your hands and around the eyes.
- Keep your nails trimmed and clean – long fingernails can tear or split contact lenses.
- Avoid picking up lenses with your fingernails – they can only be held safely between the fingertips or with soft plastic tipped tweezers specially designed for contact lenses.
- Do not touch your lenses with sharp, pointed objects (fingernails, pens, etc).

- Make sure lenses do not get caught on the edge of storage cases. Tapping the lens case on the table before screwing the top on will help completely submerge the contact lenses in solution.
- Never allow lenses to dry out and never try to insert them when they are in a dehydrated state.
- Do not use the lens if the pack is open or damaged.
- Never use expired lenses or solutions.
- Verify that the lens is right side out. The lens should assume a natural, curved, bowl-like shape. If the lens edges tend to point outward, the lens is inside out. Another method is to gently squeeze the lens between the thumb and forefinger. The edges should turn inward. If the lens is inside out, the edges will turn slightly outward.

LENS PLACEMENT

To avoid confusion, make it a habit of inserting the same lens first. Check the lens is clean and moist – if not, rinse with saline or multipurpose solution. Check the lens is not inside out. And then follow these steps to apply the lens to your eye:

- Balance the lens on the tip of your forefinger.
- Pull the lower lid down with the middle finger of the same hand.
- Hold the upper lid firmly from above with the middle finger of the other hand. Make sure the finger is placed just where the eyelid meets the eyelashes.
- The eye is now wide open and the cornea exposed.
- Place the lens directly on the eye. Move your eyes around to help center the lens.
- Release the lower and then the upper lid. Look down and gently close the eyes. Rub the top lid lightly to rub out any trapped air bubbles.
- If the lens is not properly centered on the cornea, gently manipulate by using fingertips and eyelids.

LENS REMOVAL

- Rewet the contact lenses with a few drops of solution to help the lens slide off the eye, especially if they are a little dry.
- Place index finger on the lens.
- Look up.
- Slide lens to white part of the eye using index finger.
- Gently squeeze the lens between thumb and forefinger to remove the lens.

PATIENT LENS CARE DIRECTIONS

Please see package insert.

LUBRICATING/REWETTING LENSES ON-EYE

The Eye Care Professional may recommend a lubricating/rewetting solution that can be used to wet (lubricate) lenses while they are being worn to make them more comfortable.

CARE FOR A NON-MOVING LENS

Please see package insert.

HOW SUPPLIED

Each lens is supplied sterile in a blister pack containing buffered saline solution. The blister is labeled with the base curve, diameter, diopter power, manufacturing lot number, and expiration date of the lens. (ADD, cylinder and axis will be included as appropriate.)

DO NOT USE IF THE BLISTER PACKS IS BROKEN OR THE SEAL HAS BEEN DAMAGED.

REPORTING OF ADVERSE REACTIONS

IF ANY SERIOUS ADVERSE EVENTS OR A PATIENT EXPERIENCES ASSOCIATED WITH THE WEAR OF THE OCYLENS (ETAFILCON A) DAILY SOFT (HYDROPHILIC) CONTACT LENSES, PLEASE REPORT TO PEGATRON CORPORATION, LOCATED AT 800 CORPORATE WAY, FREMONT, CA 94539, USA, TOLL FREE NUMBER: 1(877) 636-3092

MANUFACTURED BY



Pegavision Corporation

2F-1 No.5, Shing Yeh Street, Guishan District, Taoyuan City 33, Taiwan (R.O.C.)
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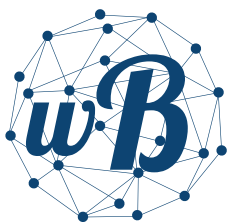
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GLOSSARY OF TECHNICAL TERMS

Term	Definition
Adnexa	Tissues surrounding the eyeball.
Ametropia	Abnormal vision requiring correction for proper focus.
Anterior chamber	Fluid-filled portion of the eye between the iris and innermost corneal surface.
Aphakic	An eye that does not have its natural lens (example: after cataract surgery).
Astigmatism	A condition where the cornea is not equally curved in all parts of its surface. It is somewhat oval in shape, causing the visual image to be out of focus (blurred).
Conjunctiva	Transparent membrane that lines the eyelids and the white part of the eye.
Conjunctivitis	Inflammation of the conjunctiva.
Continuous Wear	Extended wear for multiple nights in a row.
Cornea	Clear front part of the eye that covers the iris, pupil and anterior chamber.
Corneal erosion	Wearing away of the surface of the cornea.
Corneal ulcer	A sore or lesion on the cornea.
Disinfection	A process that kills harmful microorganisms (germs) which can cause serious eye infections.
Hydrophilic material	“water loving” or water absorbing substance.
Hyperopia	Farsightedness.
Hypoesthesia	Reduced corneal sensitivity to touch.
Iritis	Inflammation of the interior portion of the eye that includes the iris, and results in redness, pain, blurred vision and sensitivity to vlight.
Inflammation	Swelling, redness and pain.
Mono vision	A correction method for presbyopia (loss of reading vision) using contact lenses; one eye is fitted for distance, the other for near vision.
Myopia	Nearsightedness.
Neovascularization	Blood vessels growing into the cornea
Phakic	An eye that has its natural lens.
Presbyopic	A person with Presbyopia.
Spherical contact lens	A lens with a continuously rounded curve.
Toric contact lens	A lens with two different optical powers at right angles to each other for the correction of astigmatism.
Ulcerative keratitis	An infected corneal ulcer.

LIST OF SYMBOLS

SYMBOL	DESCRIPTION
	Product certification Notify Body number: 2460
	See Instruction Leaflet
	Batch code
	Sterilized Using Steam or Dry Heat
	Use by Expressed as: CCYY-MM- or CCYY-MM-DD YYYY-MM
	CAUTION: Federal law restricts this device to sale by or on the order of a licensed practitioner.
	UV-Blocking (The mark is showing functional of UV blocking)
B.C.	Base Curve (product property)
D	Diopter (Lens Power) (product property)
DIA.	Diameter (product property)
	Do not re-use
	Manufacturer
CYL	Cylinder Power
Axis	Axis
ADD	ADD



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