



ARISE[®]
ORTHO-K SYSTEM

MY ARISE[®] NIGHT LENS JOURNEY

Keep track of your progress each week to get
the most out of your Arise[®] night lenses.

WEEK 1

How well can you see during the day after wearing your lenses at night? (Rate on a scale of 1-5)



How easy is it to put on, wear, and take off your lenses? (Rate on a scale of 1-5)



How many nights did you wear your lenses this week? (Choose 1-7 nights)

1 2 3 4 5 6 7

Did you clean and properly store your lenses this morning? (Yes/No)

YES NO

Is there anything about your Arise® night lenses that you want to ask your eye care practitioner?



WEEK 2

How well can you see during the day after wearing your lenses at night? (Rate on a scale of 1-5)



How easy is it to put on, wear, and take off your lenses? (Rate on a scale of 1-5)



How many nights did you wear your lenses this week? (Choose 1-7 nights)

1 2 3 4 5 6 7

Did you clean and properly store your lenses this morning? (Yes/No)

YES NO

Is there anything about your Arise® night lenses that you want to ask your eye care practitioner?

WEEK 3

How well can you see during the day after wearing your lenses at night? (Rate on a scale of 1-5)



How easy is it to put on, wear, and take off your lenses? (Rate on a scale of 1-5)



How many nights did you wear your lenses this week? (Choose 1-7 nights)

1 2 3 4 5 6 7

Did you clean and properly store your lenses this morning? (Yes/No)

YES NO

Is there anything about your Arise® night lenses that you want to ask your eye care practitioner?

WEEK 4

How well can you see during the day after wearing your lenses at night? (Rate on a scale of 1-5)



How easy is it to put on, wear, and take off your lenses? (Rate on a scale of 1-5)



How many nights did you wear your lenses this week? (Choose 1-7 nights)

1 2 3 4 5 6 7

Did you clean and properly store your lenses this morning? (Yes/No)

YES NO

Is there anything about your Arise® night lenses that you want to ask your eye care practitioner?

WEEK 5

How well can you see during the day after wearing your lenses at night? (Rate on a scale of 1-5)



How easy is it to put on, wear, and take off your lenses? (Rate on a scale of 1-5)



How many nights did you wear your lenses this week? (Choose 1-7 nights)

1 2 3 4 5 6 7

Did you clean and properly store your lenses this morning? (Yes/No)

YES NO

Is there anything about your Arise® night lenses that you want to ask your eye care practitioner?

WEEK 6

How well can you see during the day after wearing your lenses at night? (Rate on a scale of 1-5)



How easy is it to put on, wear, and take off your lenses? (Rate on a scale of 1-5)



How many nights did you wear your lenses this week? (Choose 1-7 nights)

1 2 3 4 5 6 7

Did you clean and properly store your lenses this morning? (Yes/No)

YES NO

Is there anything about your Arise® night lenses that you want to ask your eye care practitioner?

WEEK 7

How well can you see during the day after wearing your lenses at night? (Rate on a scale of 1-5)



How easy is it to put on, wear, and take off your lenses? (Rate on a scale of 1-5)



How many nights did you wear your lenses this week? (Choose 1-7 nights)

1 2 3 4 5 6 7

Did you clean and properly store your lenses this morning? (Yes/No)

YES NO

Is there anything about your Arise® night lenses that you want to ask your eye care practitioner?

WEEK 8

How well can you see during the day after wearing your lenses at night? (Rate on a scale of 1-5)



How easy is it to put on, wear, and take off your lenses? (Rate on a scale of 1-5)



How many nights did you wear your lenses this week? (Choose 1-7 nights)

1 2 3 4 5 6 7

Did you clean and properly store your lenses this morning? (Yes/No)

YES NO

Is there anything about your Arise® night lenses that you want to ask your eye care practitioner?



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