MyopiaTracker

Sample Clinical Justification

Clinical-record style summary for a fictional example patient

Confidential - for clinical records only

Patient: Sample Patient (ID: SAMPLE-001) **Date:** July 30, 2026

Clinic: Example Eye Clinic **Doctor:** Dr. Example Clinician

Biometry

• Current AL: 24.20 mm (OD) / 24.10 mm (OS); mean 24.15 mm.

• Percentile rank: 88th for age using population normative context.

• Annualized observed/estimated growth: +0.36 mm/year, compared with emmetropic target +0.13 mm/year.

Risk Assessment

Projected axial length at age 18 without treatment: **25.92 mm**. Modeled high-myopia risk threshold assessment: 31%; status: **Moderate Risk - Monitor Closely**.

Treatment Plan

• Selected modality: MiSight 1 day.

• Projected axial length at age 18 with treatment: 25.12 mm.

• Modeled treatment gain: 0.80 mm avoided axial elongation compared with no-treatment projection.

• Follow-up interval: about 6 months, adjusted by clinical judgment and measured growth trajectory.

Clinician Notes

This sample case demonstrates how MyopiaTracker can support clinical documentation by combining axial-length measurements, age-based context, treatment scenario modeling, and follow-up planning. The clinician remains responsible for diagnosis, treatment selection, consent, and individualized care.

References & Data Sources

• McCullough SJ et al. (2020). Axial growth and refractive change in white European children. Scientific Reports 10:15189.

• Chen Y et al. (2025). Physiological growth of ocular axial length among Chinese children. PLOS One 20:e0317756.

• He M, Naduvilath T et al. East and South Asian pediatric axial-length normative distributions.

• Treatment efficacy estimates are derived from published randomized trials and meta-analyses for each modality.

Decision-support sample only - not a diagnostic device. Clinical judgment should guide all treatment decisions.