



## Remounts

In order to preserve the optics of the patient's original pair of glasses while remounting lenses into a new frame, the lab considers these ideas:

1. What is the width of the new bridge as compared to the width of the old bridge? Every millimeter increase in bridge width means the optical centers have been widened one millimeter, creating prism the patient was not wearing before. If the lenses have low powers along the 180 axis, since little prism is generated, this is not a problem; but if high powers are present, a large amount of prism is created, and the patient will not see correctly. Although u prescribed prism is not good at any time, often patients can successfully handle a little base-in prism, which means you can narrow the distance between the optical centers a little for plus lenses, and widen the optical centers a little for minus lenses, since both these movements create base-in prism. We have a computer program on the back computer by the bench to tell you how much prism you will create by remounting the lenses into a new frame.

2. Where can the bifocal be placed relative to where the patient was wearing his bifocal? The way we test for this is to remove one lens from the old glasses, and ask the patient to try on his old glasses. Looking at the location of the bifocal relative to the patient's eyes on the old glasses, we then ask the patient to try on the new frame. We hold the removed lens up to the empty frame eye on the patient to see where the bifocal can be placed when remounted. If the bifocal will not go in exactly the same position when remounted, we let the patient know that before we proceed with his permission.

It is important that the lab person laying out the lenses for edging be the one to see if the bifocals can be put in the right place. Do not just measure a height on the new frame and send the job back to the lab; you do not know if the bifocal can in fact be placed at that height in the new frame.

While the front end people are searching for an appropriate frame, the lab people will be glad to check the axes of the old lenses and remove a lens to make the frame search easier.

3. Do we have the patient's old records?  
For remounts, we need to know the patient's PD, and the axes of the lenses (especially if one lens was out before the patient came to see us).

4. Are the lenses glass or plastic?  
When glasses lenses are altered by edging in order to fit in another frame, they must be made impact resistant again. When scratched lenses are put in the chemical hardener or heat treater, they may break, for which we can not be responsible.  
If the glass lenses had been heat treated (the lab can test the lenses to see if they have been), we can not edge the lenses without a good chance of the lenses exploding on us (to prevent this, the heat treatment would have to be removed, which means putting the lenses into the 1300 degree oven for a while--which has a high risk of breakage).  
The chemical treatment for photochromics takes 2 hours (not counting edging time), with the treatment for all other glass lenses, including *all* safety lenses (including photochromics), taking 16 hours, unless we heat treat them, with its higher chance of breaking them in the heat treater.



What we really need in remounting glass lenses is a new plastic frame that can be reshaped to fit the lenses so the lens shape is not changed.

Re-edging glass lenses into a metal frame is one of the hardest edging jobs there is; be careful on what time you tell the patient the job will be ready.

5. Will it work?

Unless the lenses are being remounted into an identical frame (including being the same size), *always* check with the bench to see if the job will make.