Canon rk f1 user manual

File Name: Canon rk f1 user manual.pdf
Size: 3742 KB
Type: PDF, ePub, eBook
Category: Book
Uploaded: 11 May 2019, 13:44 PM
Rating: 4.6/5 from 641 votes.

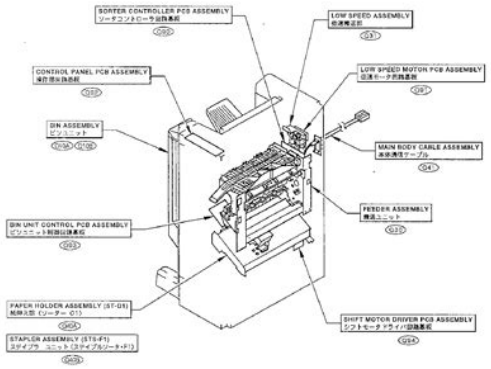
Book Descriptions:

Canon rk f1 user manual

You may have to register before you can post click the register link above to proceed. To start viewing messages, select the forum that you want to visit from the selection below. One touch does it all from automatic alignment to precision output. And, once the examinees pupil is visible in the monitor, you just press the start button to begin and complete measurements of refraction and keratometry. Its measurement head covers an exceptional wide area, thus speeding up the autoalignment process, and even the builtin printer delivers your printout faster than ever. Whats more, the units monitor employs a deep focal point, which makes it easier for you to tell whether an examinees eyelashes are obstructing measurement. And for keratometry, the radius of curvature extends from 5.5mm to 10.0mm. Furthermore, control keys for each of the units main functions are grouped together for your convenience. Products and names mentioned are the property of their respective owners. Privacy Policy This page is part of GeneralManual.Com Network Canon RKF1 Auto RefKeratometer Eyecare User Manual. RSS. The RKF1 replaces the conventional joystick with a trackball and roller tandem that eases hand movement during manual Set up the Crystal PM Machine Utility using the following instructions Crystal PM Machine Integration Utility Choose the machine labeled “Canon RK F1”. 5.23 Aug 2018 Easier, more comfortable operation. Operating Instructions Just Press Start. Canon Rk F1 Refracto Keratometer Full. Keep the manual in easytoaccess place. If such changes or modifications should be made, you could be required to stop operation of the equipment. That is, the retinal exposure dose for a photochemical hazard is a product of the radiance and the exposure time. Since La and Lb of this instrument are extremely low, the risk of the photochemical hazard is also very low. Ignoring such cautions or warnings while handling the product may result in injury or accident.http://gespk.com/userfiles/dv-f727-service-manual.xml

- **canon rk f1 user manual.**

FIGURE QA ASSEMBLY LOCATION DIAGRAM
主要部品配置図



Be sure to read and fully understand the manual before using this product. Keep this manual for future reference. Contents of those and the positions where they are attached are indicated below.The main feature of the RF10 is that by just displaying the examinee’s eye somewhere on the monitor and pressing the START switch, the instrument then automatically performs a precise alignment and measurement by a threedimensional tracking system. Contact Canon representative or distributor for advice on the procedure for packing it. 5 Do not lay the instrument on its side when the power is turned ON. Otherwise, the instrument will malfunction. Adjusts brightness of monitor. 2 Height Adjustment Mark 5 Monitor Align the height of the examinee’s eye with this Monitor that displays the screen for measure mark by adjusting the height of chin rest. Place the examinee’s forehead against this rest. 8 Printer 12 Measurement Window Prints measurements. Window for the examinee to look into for measurement. 9 Rating Plate 13 Chin Rest Name of the product, rated voltage, serial Place the examinee’s chin on this rest. Please contact Canon representative or distributor when connecting any instrument to the RF10. 1 Power Supply Connector 2 RS232C Connector Connector for the power supply cable. The diagram corresponds to the switches on the operation panel as follows DISP switch VD switch. Buzzer sounds when the instrument is entering or going out of this mode, and READY lamp blinks while this system is operat ing. FULL AUTO mode is selected automatically when the power is turned ON or when the switch is pressed. PRINT The examiner can also choose FULL AUTO mode with the AUTO. Perform alignment manually using the roller and trackball after the measurement is started, referring to section 4.3. Measurement will be performed until 10 measurements are obtained. If the setting is “ ”, press the switch. NOTE Be sure to perform focusing precisely in manual measurement.http://askaudit.ru/dv-45a-service-manual.xml

Otherwise, measure ment error may occur. Alignment mark Three bright dots must be aligned vertically. Measure the left eye in the same way as measuring the right eye. LEFT 0.62 0.00. It counts up at the measurement after the print. When this is selected, printing must be done by pressing the PRINT switch. When you change the setting from “ ” to “ ” when “ AUTO PRINT ”. Regardless of whether “. Select the required character Press switch to select the line that includes the required character. Then, turn PRINT the roller to select the character. PRINT Select “LINE CLEAR” Turn the roller until “ ” is displayed in reverse image LINE CLEAR Delete the line Press switch. If any problem is found during the inspection, please take measures indicated in this chapter. If problem still cannot be corrected, please contact Canon representative or distributor. f i l. y l. If function is still not restored, contact Canon representative or distributor. 7.2.1 If Problems Such as Following Occur d i l. In this case, please let us know the message that is displayed. Please consult Canon repre sentative or distributor about lens cleaners that can be used. Change the paper and wipe the lens several times until there is no lens cleaner left on the surface. NOTE Trackball cover will be re moved with the trackball. Be careful not to hit or drop the Trackball cover trackball cover when the trackball is attached to it, as. Open the printer cover Cut off the paper that has been fed through the printer and pull it out. Pull the top part toward you. Insert the end of paper into the slot Insert the end of paper into the slot in the printer. However, if it is positioned either on the right or left side, lay the instrument on the side opposite the side from which the measurement head is protruding. Contact Canon representative or distribu tor for advice on the procedure for packing it. Move the measurement head to the center Turn ON the power while pressing the switch.

Please refer to the rating plate and let us have the following information Name of the instrument RF10 Body number 6digit number indicated on the rating plate. This page requires Javascript. Modify your browsers settings to allow Javascript to execute. See your browsers documentation for specific instructions. To install your download click on the name of the downloaded file.Alignment may also be performed using the Auto setting, where only one eye is automatically examined, or using the Manual setting. If the pupils have a diameter as small as 2 mm, readings may still be acquired using the small pupil mode. Up to 10 measurements of Refractometry and Keratometry may be stored for each eye. For more information including quotes, pricing and upgrades, please complete this form. When in Full Auto mode, the unit is a one touch operation for autorefraction and curvature measurement in both eyes. Just press the start button and the refkeratometer automatically aligns and measures both eyes. For added flexibility, Auto and Manual measurement modes are included.The short reaching distance between the patient and operator allows closer personal interaction and easy ACCESS to the patients eyes.The RKF2 can be used to make a series

of measurements at a 30 degree angle from the eyes center along the attentive meridians.The radius of curvature extends from 5 to 10 mm 33.75D to 67.5D for keratometry.Weighing a little more than 33 pounds, the lightweight RKF2 maximizes small work areas and comfortably fits on a Canon instrument table sold separately with a Canon Full Auto Tonometer or Canon NonMydriatic Retinal Camera both sold separately. Keeping the Canon machines next to one another can help expedite the exam process.All positioning may be performed with one hand allowing the other hand to work with the patient, if needed. The top of the joystick button has the start button which can immediately be pressed once the patient is properly positioned.

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The RKF2 can be used to make a series of measurements at a 30 degree angle from the eyes center along the attentive meridians.The ECO setting reduces the printing density and thereby conserves the paper necessary for printing by up to 50% as compared to printing without using the ECO setting. New paper rolls can easily be inserted through the feeder. FMT to 3. leave default BAUUtility using the following instructions PM Machine Integration Utility Setup Import Machines a. Select an open Machine Slot Crystal and then come back to it Click on Tasks tab then click back ontoEdit Medical Record Templates. A deep focalpoint minimizes operator Just press the start button and the refkeratometer automatically aligns and measures both eyes. I tried to contact Canon and received no The Canon RF10 Autorefractor replaces the conventional joystick with a trackball and roller tandem that eases hand movement during manual alignment. Accelerate the eye exam process with the The Canon RKF2 Fully Automatic RefractorKeratometer. Its lightweight, compact footprint, along with a USB host, 5.7 inch LCD monitor, an omnidirectional joystick, and builtin printer with auto cutter make the RKF2 Full Autorefractor 5 Dec 2015 View and Download Canon RF10 operation manual online. Full auto REF. RF10 Measuring Instruments pdf manual download. 4 Nov 2002 Before using the instrument, be sure to read this manual thoroughly.. The Canon Full Auto Ref RF10 is for performing refractometry. Sign in Forgot Password. My Bench Close Sign In Not A Member. Sign Up Join MedWrench OK name type Receive Summary Emails.RE Canon RKF1 Ahmad Kamal posted. By continuing to browse the site you are agreeing to our use of cookies. Please review our Privacy Policy for more details. All Rights Reserved. With a press of the start button, the Canon RKF1 Autorefractor Keratometer automatically completes the entire series of steps for both eyes alignment, measurement, and printout.

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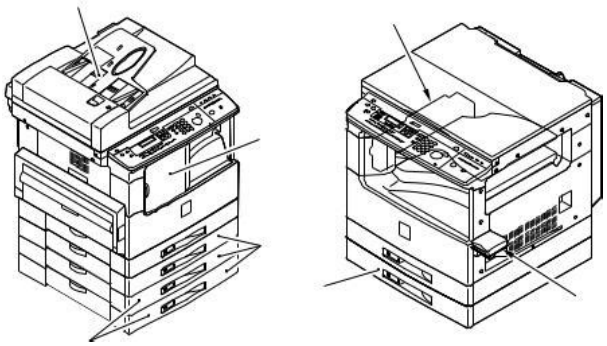

The motorized optical head automatically aligns, acquires the readings, and then automatically moves over to the opposite eye to perform the same function. The Canon RKF1 Autorefractor Keratometer can also be operated manually to acquire readings. Control keys for each of the main functions are grouped together for your convenience. The radius of curvature extends from 5.5 mm to 10.0 mm for keratometry. The Canon RKF1 Autorefractor Keratometer can be used to make a series of measurements at a 30 degree angle from the eye's center along the attentive meridians. Just press start!. Other features are peripheral keratometry, retro illumination and diameter measurement. Now is the time to secure a late model Daytona at less than half the cost of new. Includes Table, Dell all in one computer, Imagenet 6 Software. Testimonials Contact Shop top bar 2017 Go to Top. And by having access to our ebooks online or by storing it on your computer, you have convenient answers with Canon F1 User Manual. To get started finding Canon F1 User Manual, you are right to find our website which has a comprehensive collection of manuals listed. Our library is the biggest of these that have literally hundreds of thousands of different products represented. I get my most wanted eBook Many thanks If there is a survey it only takes 5 minutes, try any survey which works for you. Equipment This improved process Easier to use, more This improved process Easier to use, more efficient, more precise The Canon RF10 represents yet another. To start viewing messages,Please note that OptiBoard provides the Optical Marketplace forum as a service to the eyecare industry. However we do not guarantee the goods and services offered here nor can we vouch for the people making these offers. As with any buyerseller relationship you will need to do your own research prior to purchasing. We are not responsible for any thirdparty transactions.This is a public forum and wholesale prices are not public information.

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This unit has been completely reconditioned and is mint. This unit comes with a 6 month parts and labor warranty and lifetime phone support. CALL US FOR PRICE Manufacturers Description Canon RKF1 Full Auto RefractorKeratometer The RKF1 Full Auto RefKeratometer simplifies the standard measurement procedure to an unprecedented degreeall operations in just one step. With a press of the Start button, the RKF1 automatically completes the entire series of steps for both eyes alignment, measurement, and printout. The unit can also be operated manually to acquire readings. Canon RKF1 Full Auto RefractorKeratometer The RKF1 Full Auto RefKeratometer simplifies the standard measurement procedure to an unprecedented degreeall operations in just one step. The unit can also be operated manually to acquire readings.OptiBoard logo designed and provided by Ken Rementer and FEA Industries. We are not responsible for any thirdparty transactions.This is a public forum and wholesale prices are not public information.Very little use and is in excellent shape.Just press start!. Other features are peripheral keratometry, retro illumination and diameter measurement. It is also possible to perform refraction manually during retro illumination mode, so possible interference by small opacities can be avoided. Diameter measurement In the diameter measurement mode, a diameter measurement of the pupil, cornea or contact lens can be performed. Using auto alignment a still image can be obtained very easily and the measurement can be done in all tranquillity Ergonomic controls The RKF1 features a control panel for all major functions and a roller and trackball for initial alignment and manual operation. Motorized chinrest The motorized chin rest can be used to align the examinees eye to the correct height very easily. OptiBoard logo designed and provided by Ken Rementer and FEA Industries. Easily import existing HFA data 700 series into EyeSuite. VOLTAGES STORED IN AND TRANSFERRED By ThE hUMAN BODy.

For added flexibility, Auto and Manual measurement modes are 6 Nov 2008 The Canon R30 autorefractor is compact and simple, assuring high The system is provided with an RS232C output to transfer data to any This Instruction Manual covers an overview of the basic operation, troubleshooting, checking, maintenance and cleaning of the Auto Refractometer RM 8800 and Auto KeratoRefractometer. KR8800. To get the TRANSPORT CONDITION.Manual or automated Goldmann. 16 Oct 2017 evaluated with each autorefractor Canon RKF2 Tokyo, Japan. and i.. Goss DA, Grosvenor T. Reliability of refractionVa literature review.4 Nov 2002 Before using the instrument, be sure to read this manual thoroughly. Keep the. 1. Overview. The Canon Full Auto Ref RF10 is for performing refractometry.. Measurement data will be transferred to external instrument. Itll make you feel better, wont it Use the above address for a check, M.O. or cash. NOTE they only print in Black and White. It features a compact design, weighs 11 pounds less than its predecessor, and simplifies the standard autorefraction and keratometry measurement procedure to just one step. When set to full auto mode, a healthcare professional can automatically align, focus and acquire a

reading for one eye and continue to the opposite eye to perform the same function, all with one touch of a button. The RKF2, which incorporates a motorized chin rest, has a minimum pupil size of 2.0 mm, an enhancement over the predecessor products 2.5 mm minimum. Together, these features contribute to a comfortable, efficient screening process, helping to assist the healthcare professional when a patients pupil is difficult to dilate. This is achieved by measuring how light is changed as it enters a person's eye. Within seconds, an approximate measurement of a person's Rx can be determined and this enhances the exam by both saving time and being more accurate. The patient simply places his or her chin on a chin rest and views a relaxing picture.

http://www.restorationservice.ca/wp-content/plugins/formcraft/file-upload/server/content/files/1627244a0d0d8b---breathing-manually-meaning.pdf

With a simple push of a button by a technician, the instrument sends known invisible wavelengths in to a person's eyes and the machine analyzes the data. Within a few seconds, multiple Rx readings are given that are amazingly accurate. The instrument also has the ability to determine corneal curvature which is useful for contact lens fittings. They love it that they don't have to spend as much time going thru the dreaded "which is better, one or two" part of the exam, which can be very intimidating for many patients. Please read our COVID 19 office protocols and call ahead for the best service. Corresponding Author Handan Akil, MD. Op. Dr. Ergun Ozdemir State Hospital, Gorele, Giresun, Turkey. This article has been cited by other articles in PMC. Abstract Purpose To evaluate the performance of the handheld and tabletop autorefractokeratometer in measuring refractive errors by comparing them with cycloplegic retinoscopy. The refractive errors of all the eyes were measured with and without cycloplegia using a hand held autorefractokeratometer Retinomax Kplus 3, table top autorefractokeratometer Canon RKF1 and performing cycloplegic retinoscopy. The spherical equivalent, cylindrical axis and keratometer values were statistically compared. Conclusions The refractive error components were highly correlated between the two instruments and cycloplegic retinoscopy. Keywords Handheld autorefractokeratometer, Refractive errors, Retinoscopy, Tabletop autorefractokeratometer The identification of significant refractive errors in children remains a diagnostic dilemma among ophthalmologists. Thus, it may be valuable to identify and correct high refractive errors as early as possible.

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The present study was undertaken to compare the sensitivity for refractive errors between cycloplegic retinoscopy CR, a tabletop autorefractometer, and a handheld autorefractometer in a pediatric population under 12 years old, and to investigate the possible effect of cycloplegia on such measurements. Another purpose was to investigate whether the refractometer method meets the needs for cycloplegia in the measurement of refractive errors. Materials and Methods Sequential patients visiting the outpatient ophthalmology clinic of a state hospital between January and May 2014 were asked to participate. Written informed consent was obtained from all parents or care givers. Ethics committee approval was granted for the study. The main criterion for patient exclusion was the presence of a systemic disease or additional ocular pathology other than a refractive error. Patients who had diseases that could affect ophthalmic measurements such as corneal diseases, pterygium, cataracts, vitreous opacities, retinal diseases, strabismus or nystagmus; those who had eccentric fixation; and those unwilling to participate were not included in the study. Any patient who had a prior eye operation for any reason or who were not compliant during the measurements were also excluded from the study. Detailed eye examination involving the anterior and posterior segment, cover test, and central fixation examination was performed on each patient. In addition, the refractive errors of all the eyes were measured without cycloplegia using a Canon RKF1 Canon USA Inc., Lake Success, NY, USA, Retinomax Kplus 3 Righton, Tokyo, Japan, respectively. One drop of 1% cyclopentolate Siklоplejin; Abdi Ibrahim, Istanbul, Turkey was instilled into both eyes of each patient. The application of 1% cyclopentolate was repeated 5 minutes later.

The presence of light activation was checked in the pupillae of the patients 45 minutes after the last drop. No pupillary activity was observed in any of the patients.

Measurements were repeated using two refractokeratometers. When cycloplegia was complete, streak retinoscopy was performed in all subjects by one examiner using handheld corrective lenses. The investigator was blinded to the patients prior refractive history and the results found with the handheld and tabletop autorefractokeratometers. Refraction measurements with each device were performed by two investigators, and retinoscopy was performed by another investigator. All of the measurements were repeated at least three times and the average values of the obtained results were recorded in order to be used in the study. The measurements generated in the study were categorized into two groups, noncycloplegic and cycloplegic. The spherical, cylindrical, cylindrical axis, spherical equivalent SE, and radius of corneal curvature R 1, R 2 values obtained in both groups using both of the devices and CR were statistically compared.The Retinomax is an autorefractor and keratometer that measures the refractive status and keratometry monocularly, and uses a fogging mechanism to control accommodation. It provides up to eight measured values and gives a single representative reading for each eye. Tabletop RKF1 For measurements with the Canon RKF1, the forehead of the patients was placed onto the forehead part of the device. The RKF1 autorefractometer detects light reflected from the patients fundus to which infrared rays are directed. A microcomputer within the machine deduces the objective refraction in terms of sphere, cylinder, and axis, and then automatically displays this information corrected for a 12 mm vertex distance. It completes its objective final measurement in only 1 to 10 seconds. Regarding the clinical measurements, reliability among Canon, Retinomax devices, and CR was evaluated by BlandAltman analysis. This method uses graphing to assess whether there is agreement between two measurements.

In the current study, agreement between the mean measurements of clinical parameters obtained by the two devices was evaluated. Graphs of the differences between measurements obtained by each measurement against means were plotted BlandAltman plots. BlandAltman plots were performed by using MedCalc demo ver. 11.1.1.0; MedCalc software, Broekstraat 52, B9030 Mariakerke, Belgium. Results Data were collected from 120 children. Eight patients were excluded due to visually significant media opacities 3, no parental consent 3, and withdrawal of parental consent 2. There were statistically significant differences between the cycloplegic and noncycloplegic spherical powers and the spherical equivalent values determined by each device. However, the response to cycloplegia was not significant for the cylindrical and keratometer values. The J 0 and J 45 for each device was not significantly affected by cycloplegia. Table 1 Summary of variance between the Canon RKF1 and Retinomax Kplus 3 measurements Open in a separate window Bland Altman results show the magnitude of the difference between Canon and Retinomax measurements in diopters. Mean differences Canon vs. Retinomax also indicate a mean bias. For the spherical equivalent, the 95% limit of agreement was comparable between the Canon RKF1 with cycloplegia and CR 0.99 to 0.68, and the Retinomax Kplus 3 with cycloplegia and CR 1.06 to 0.74. Table 2 Summary of variance between the Canon RKF1 and cycloplegic retinoscopy measurements Open in a separate window Bland Altman results show the magnitude of the difference between Canon and cycloplegic retinoscopy measurements in diopters. Mean differences Canon vs.Table 3 Summary of variance between the Retinomax Kplus 3 and cycloplegic retinoscopy measurements Open in a separate window Bland Altman results show the magnitude of the difference between Retinomax and cycloplegic retinoscopy measurements in diopters. Mean differences Retinomax vs.

Discussion In the current study, the difference between three refraction methods was assessed in children, which will provide insight into the reliability of autorefractor measurements and contribute to the limited amount of information available on the performance of the Retinomax K plus 3. In this study, all measurements were done by three different examiners to decrease potential bias. A

potentially weak point of studies investigating both eyes of subjects is a possible intercorrelation of both eyes, since refraction is often similar in both eyes. Only one eye of the subjects was analyzed to avoid this statistical problem. Also, the current study differs from other studies by comparing R 1 and R 2 values in conjunction with refractive measurements. There is no consensus as to which method is the most likely to detect children at risk for vision loss from amblyogenic factors. The development of new technology will certainly improve the sensitivity and specificity of autorefraction and other screening techniques. The Retinomax autorefractor is a monocular refractor that uses a fogging technique. This mode displayed up to eight valid measurements collected consecutively, and this gave a better endpoint for completing the refractive assessment. This study evaluated the accuracy of the autorefractors by comparing them with CR. However, good agreement was found between the Retinomax Kplus 3 and CR. However, some studies have shown that retinoscopy measurements are not an appropriate gold standard for evaluating measurements of refractive error. Although skilled retinoscopists can provide reliable and valid measures of refractive error in children, retinoscopy might be subject to interobserver variation. The performance of the Retinomax has been reviewed often, but only a few studies have made a comparison with CR.

They also compared their data to other reports and found that the Retinomax is concordant with retinoscopy and subjective refinement in young children to a degree that is comparable with other autorefractors Humphrey and Nidek. Moreover, the autorefractor significantly overestimated the amount of astigmatism. The current study found a good agreement between the Retinomax Kplus 3 after cycloplegia and CR. A comparison between autorefractors in the current study showed good correlation between the handheld Retinomax K plus 3 and the tablemounted Canon RKF1 autorefractor for SE and cylindirical power Table 1 . Variability in the measurements may also occur given the inconsistency of cooperation, alignment, and fixation in these very young children. Noncycloplegic screening offers advantages since it increases compliance and participation rates, is more rapid, and avoids the side effects associated with cycloplegia. However, with cycloplegia, the variation seen with autorefraction measurements diminishes to a clinically insignificant level. It is therefore recommended that automatic refractors like the Canon RKF1 be used with great caution when determining manifest refractions, especially in younger patients in whom accommodation is more active than in older patients, because significant instrument myopia may be induced by the device or real hyperopia may be missed. A cycloplegic refraction in these eyes would afford accurate baseline refractive data as a guideline for clinical prescription. As it is also applicable in some problematic cases such as small children on whom objective refraction data can not be obtained with ordinary autorefractors, it seems to be a valuable addition to the existing set of ophthalmic refraction devices. In a different study, the handheld autorefractor Retinomax was comparable to photoscreening as a screening device. The present study also demonstrated good agreement for R 1 and R 2 values between the Retinomax Kplus 3 and Canon RKF1.

The results of this study indicated that the retinomax Kplus 3 is suitable for use in the study of astigmatism in early childhood. This study contributes to the limited amount of information available on the performance of the Retinomax Kplus 3. Before introducing the Retinomax Kplus 3 as an accurate screener, it is important to be aware of its possible uses and limitations. The Retinomax Kplus 3 has the added benefit of mobility and conforming to subject positioning, rather than requiring that a subject be positioned on a chinrest, which is difficult for some very young children. The Retinomax Kplus 3 appears to be an appropriate and convenient instrument to use for pediatric vision screening. It may also still serve as an alternative tool for use in largescale refraction studies involving very young children. Footnotes Conflict of Interest No potential conflict of interest relevant to this article was reported. References 1. Tongue AC. Refractive errors in children. Two infant vision screening programmes prediction and prevention of strabismus and amblyopia from photo and videorefractive screening. Comparison of preschool vision screening tests as administered by licensed eye care professionals in the Vision In Preschoolers Study. Screening for refractive errors

with the Topcon PR2000 Pediatric Refractometer. Comparisons of the handheld autorefractor, tablemounted autorefractor, and subjective refraction in Singapore adults. Preschool vision screening tests administered by nurse screeners compared with lay screeners in the vision in preschoolers study. Kallay OP, Cordonnier MJ, Dramaix MM. Wesemann W, Dick B. Accuracy and accommodation capability of a handheld autorefractor. Harvey EM, Miller JM, Dobson V, et al. Measurement of refractive error in Native American preschoolers validity and reproducibility of autorefraction. Cordonnier M, Dramaix M. Screening for abnormal levels of hyperopia in children a noncycloplegic method with a hand held refractor.