



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An International Journal
Manuscript Number:	Ms_OR_40354
Title of the Manuscript:	PRECISION OF ORTHOKERATOLOGY
Type of the Article	Short Communication

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)

PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	Please clarify the source of links .	RESPECTED SIR THANK YOU FOR EVALUATING OUR PAPER.
<u>Minor</u> REVISION comments	1- Please added more details regarding the procedure of fitting. 2- Please clarify indications of contact lens fitting in details. 3- Please added a title for precautions.	MODIFICATIONS ARE MADE AS PER SUGGESTIONS
<u>Optional/General</u> comments	Typographical and language errors should be corrected.	CORRECTED.