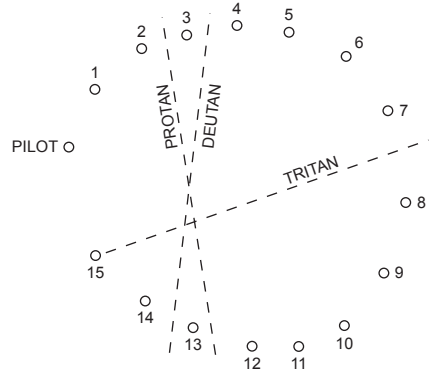


QUANTITATIVE COLOR VISION TEST PANEL 16 RECORDING FORM

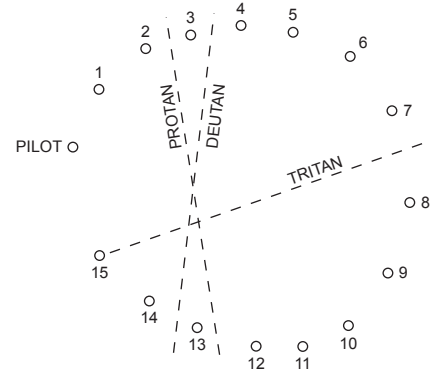
NAME _____ AGE _____

CASE NO. _____ DATE _____

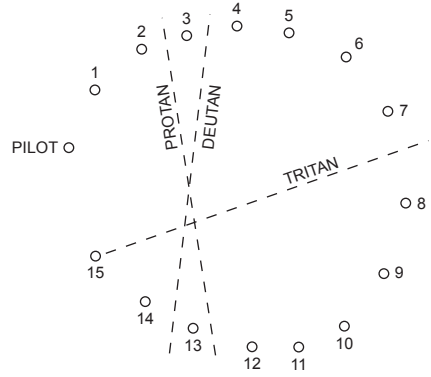
TEST 1



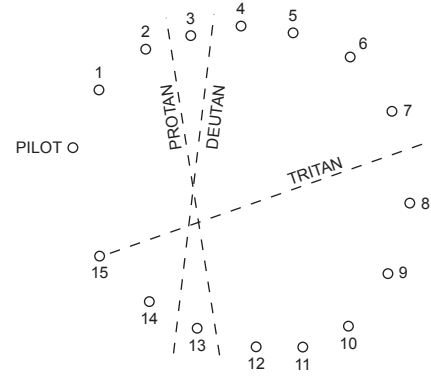
TEST 2



TEST 3



TEST 4

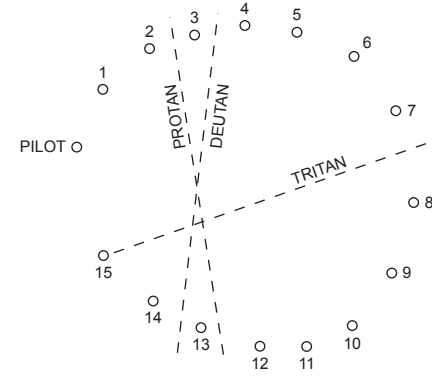


QUANTITATIVE COLOR VISION TEST PANEL 16 RECORDING FORM

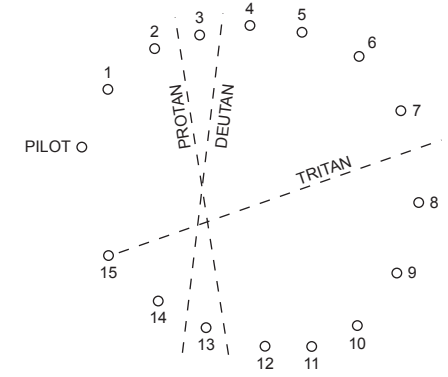
NAME _____ AGE _____

CASE NO. _____ DATE _____

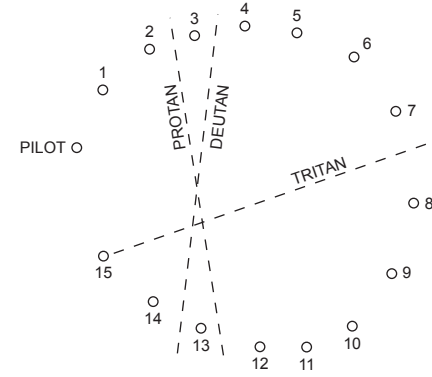
TEST 1



TEST 2



TEST 3



TEST 4

