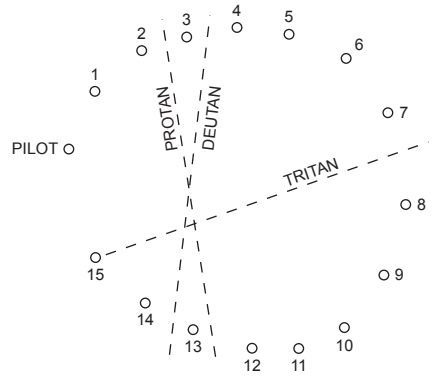


QUANTITATIVE COLOR VISION TEST PANEL 16 RECORDING FORM

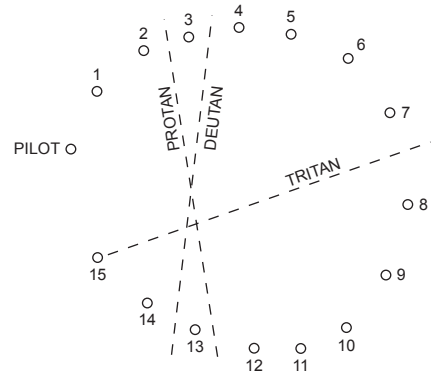
NAME _____ AGE _____

CASE NO. _____ DATE _____

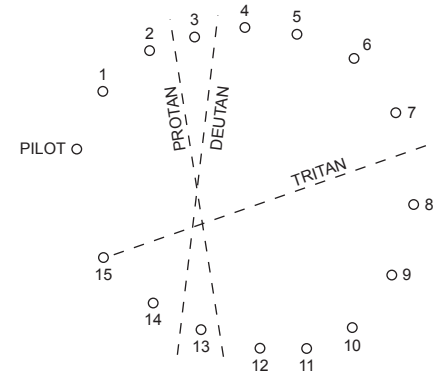
TEST 1



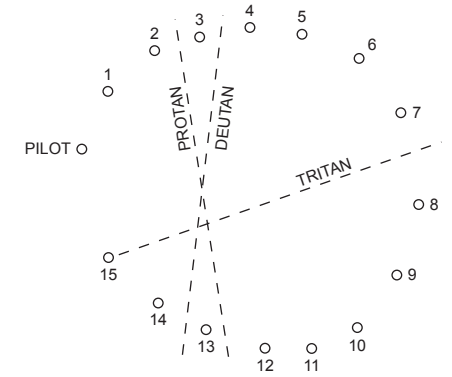
TEST 2



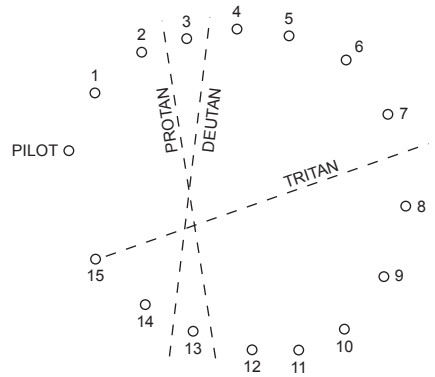
TEST 1



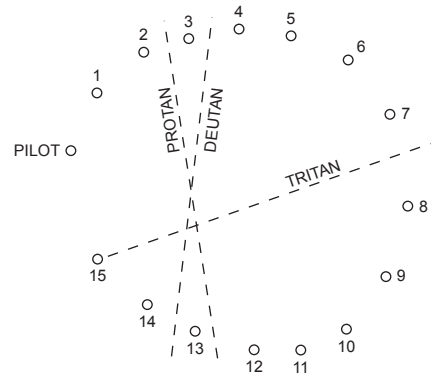
TEST 2



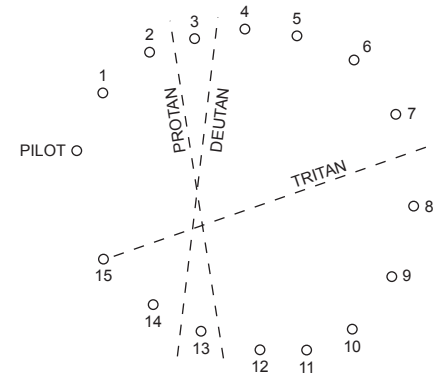
TEST 3



TEST 4



TEST 3



TEST 4

