

**QUANTITATIVE COLOR VISION TEST PANEL 16
RECORDING FORM**

Name: _____ Age: _____

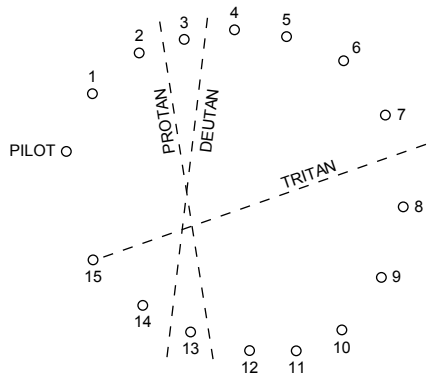
Case No. _____ Date: _____

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RECORDING FORM**

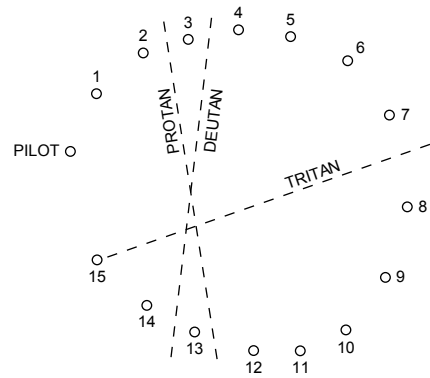
Name: _____ Age: _____

Case No. _____ Date: _____

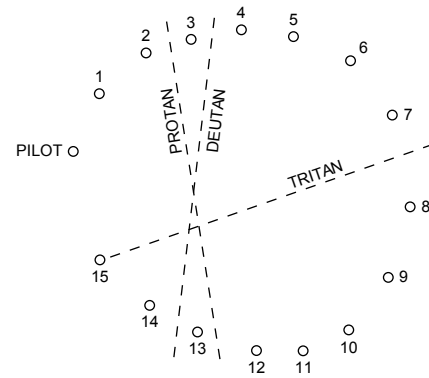
TEST 1



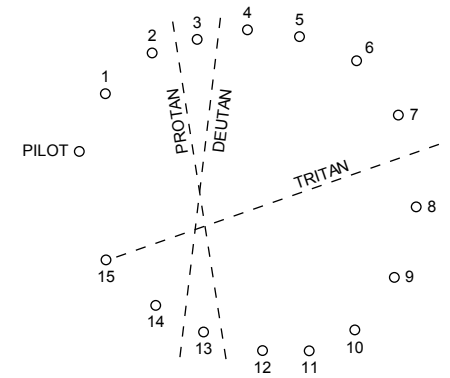
TEST 2



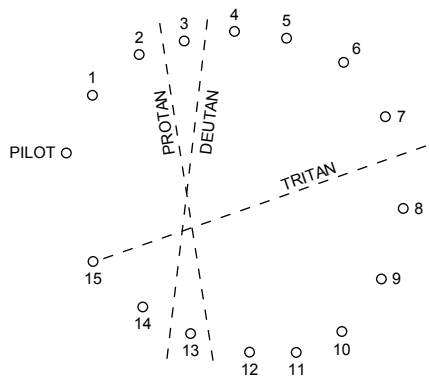
TEST 1



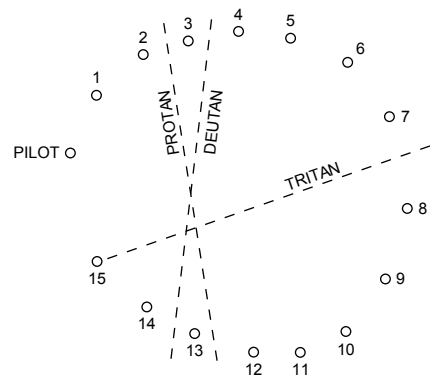
TEST 2



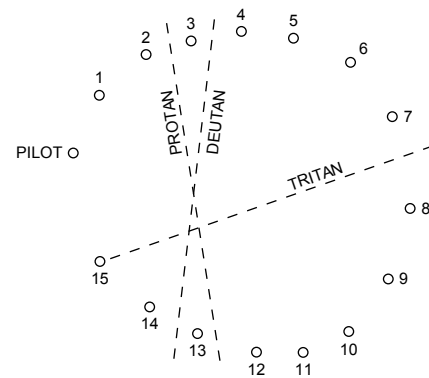
TEST 3



TEST 4



TEST 3



TEST 4

