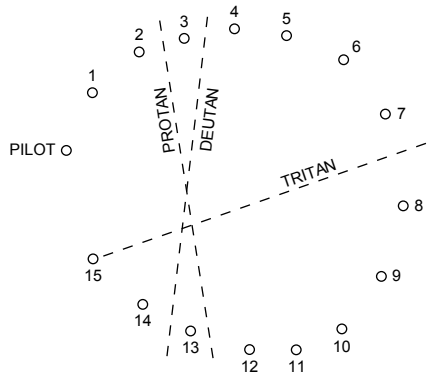


QUANTITATIVE COLOR VISION TEST PANEL 16 RECORDING FORM

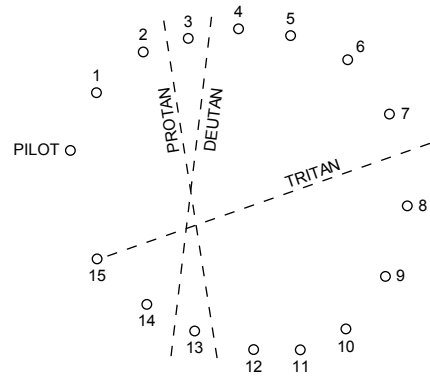
Name: _____ Age: _____

Case No. _____ Date: _____

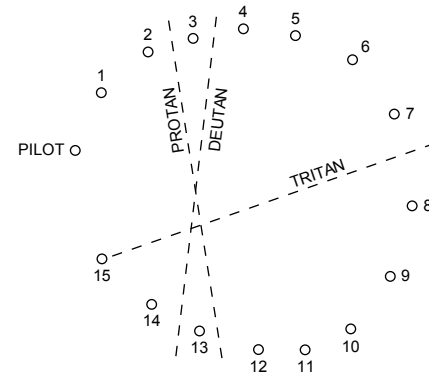
TEST 1



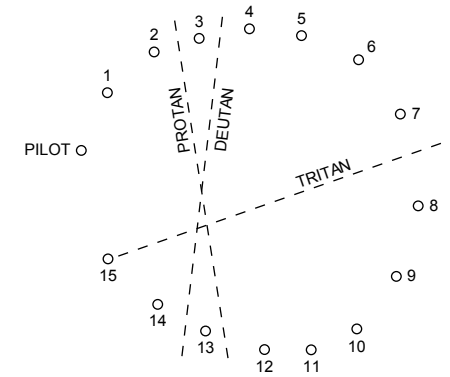
TEST 2



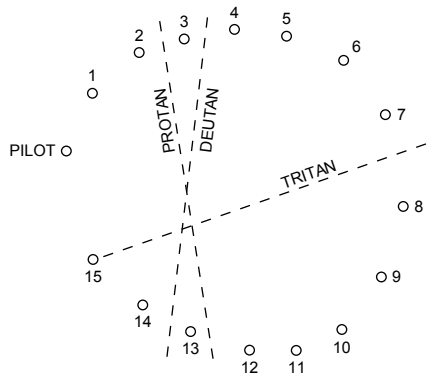
TEST 1



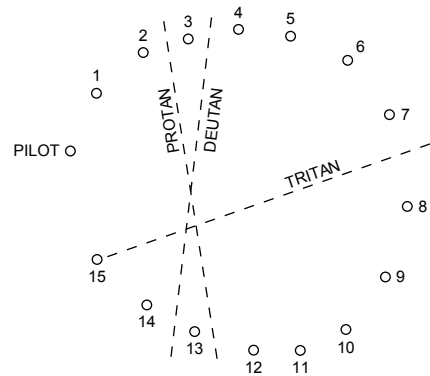
TEST 2



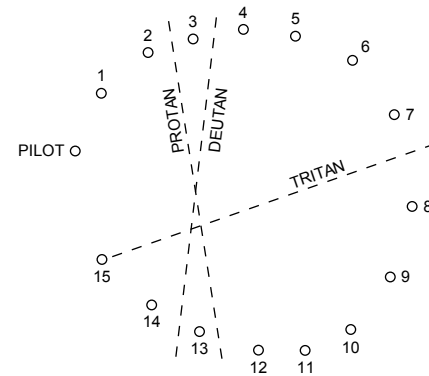
TEST 3



TEST 4



TEST 3



TEST 4

