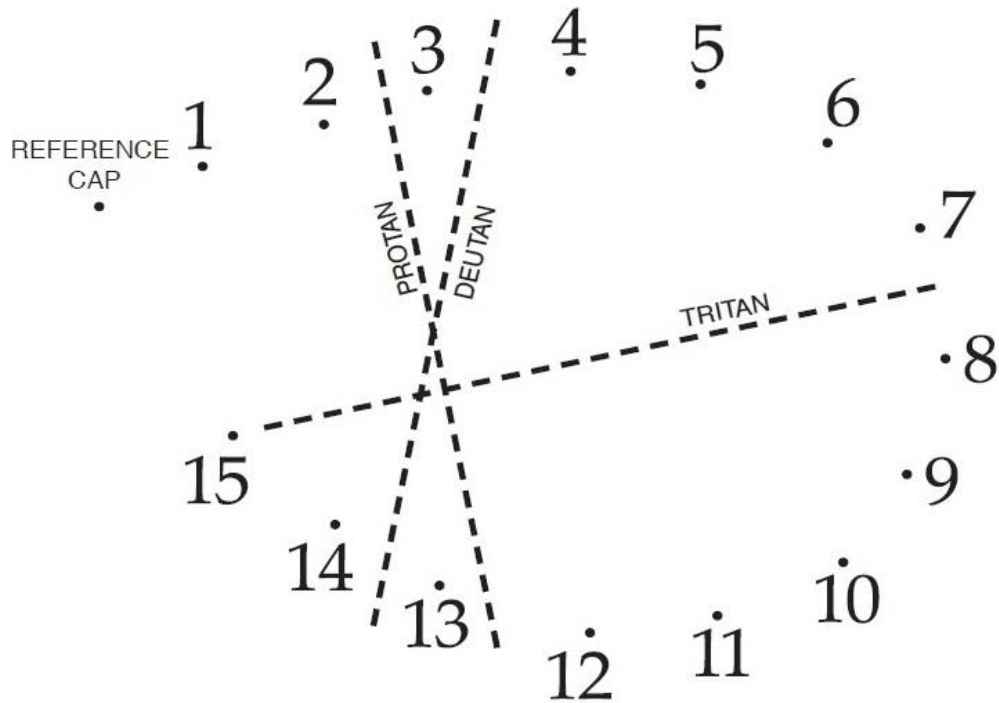


Farnsworth Dichotomous D-15 Evaluation Form

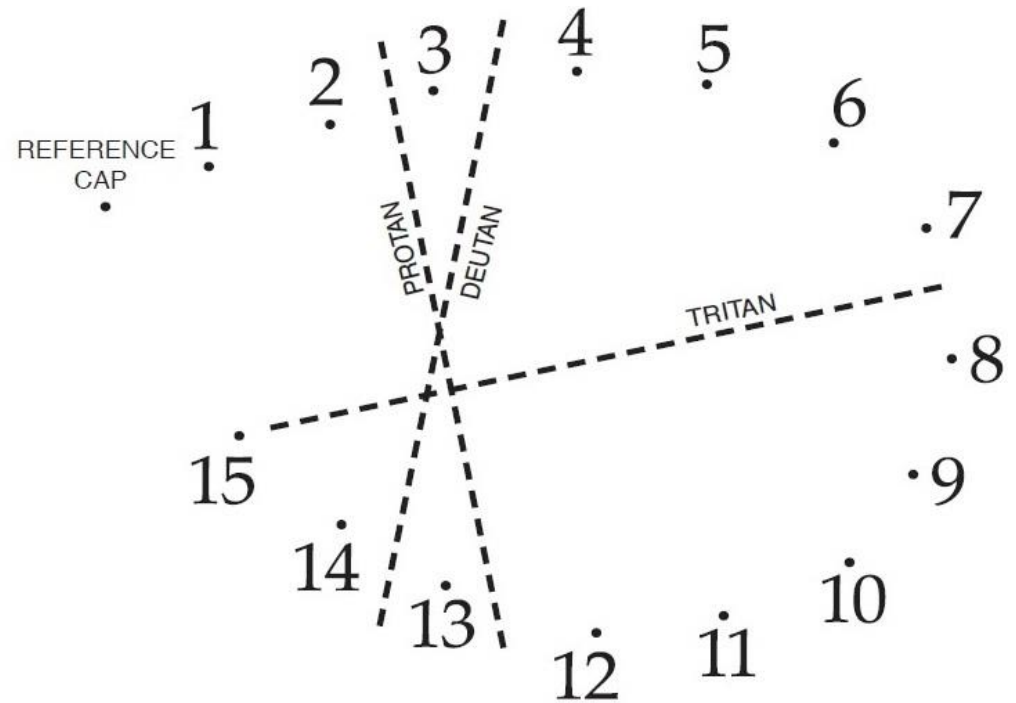
Name _____ Age _____ Date _____ File No _____

Department _____ Tester _____

OD



OS



Lanthyony Desaturated D-15 Evaluation Form

Name _____ Age _____ Date _____ File No _____

Department _____ Tester _____

