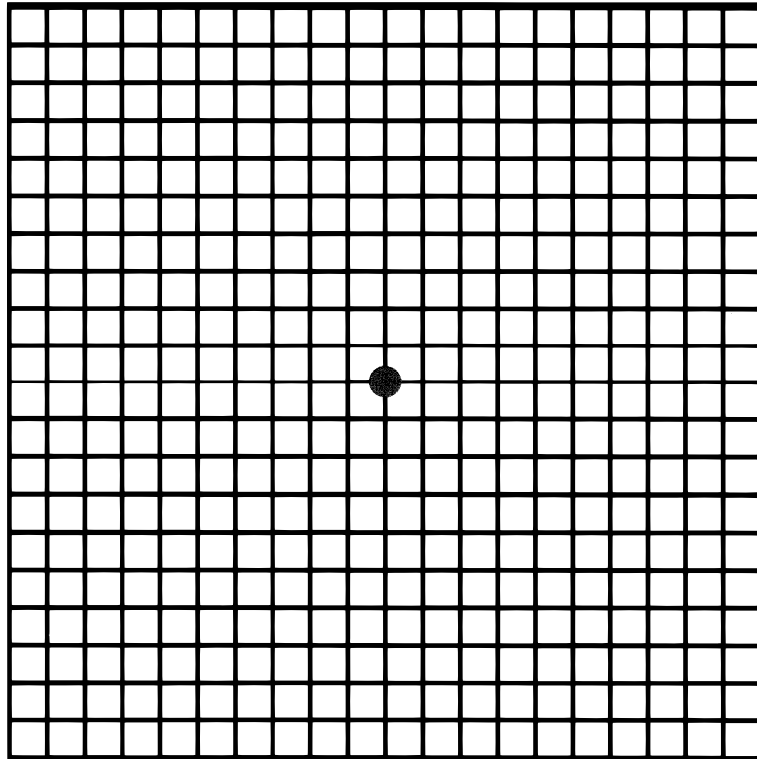




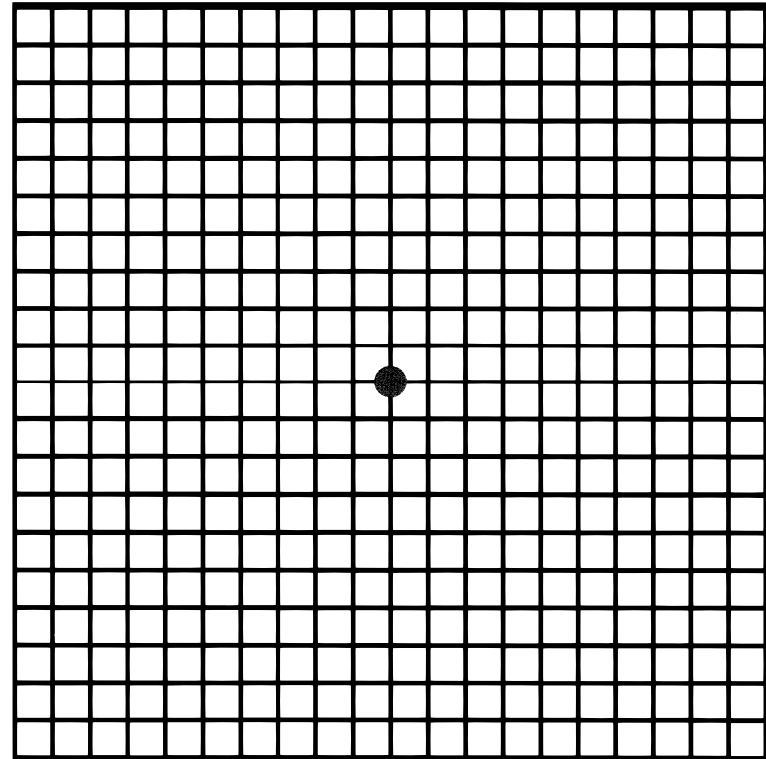
Name: _____

Date of Birth: _____

Test Date: _____



Left Eye



Right Eye

361.888.4288 800.992.1902

www.coastalbendeye.com/amsler