

## คลินิกวัดสายตา

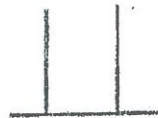
ชื่อ - นามสกุล ..... วันที่ .....  
 อายุ ..... ปี  
 อาชีพ ..... HN. ....  
 จังหวัด .....  
 C.C. ....

### OLD GLASSES

EYE	SPH	CYL	AXIS	VA
R				
L				

KERATOMETRY

NOTE



Add..... PD ..... / ..... MM.

### SUBJECTIVE TEST

EYE	SPH	CYL	AXIS	VA
R				
L				

RETINOSCOPY



Add..... PD ..... / ..... MM.

EYE	SPH	CYL	AXIS	VA
R				
L				

DILATE



### ACCOMMODATION

EYE	N.P.	D.
R		
L		

IMPRESSION

.....  
 .....  
 .....

### PRESCRIPTION

EYE	SPH	CYL	AXIS	VA
R				
L				

Distance PD ..... / .....MM.

Reading PD ..... / .....MM.

Bifocal SgHg .....MM.

Add..... PD ..... / ..... MM.

Examiner.....

**SONGKLANAGARIND HOSPITAL  
ORTHOPTIC WORK UP**

DATE .....

ชื่อ .....

อายุ .....

HN. ....

อาชีพ .....

History .....

.....

.....

**VA Subjective Test**

V.A.       $\overline{\text{SC}}$       O.D. ....      O.S. ....

$\overline{\text{CC}}$       O.D. ....      O.S. ....

            CCL      OD.....      OS.....

NPC. ....      CM. ....      deviated

PCT Distance 20 ft.	OD fix.....
	OS fix.....
Near 13 inc.	OD fix.....
	OS fix.....

**Diagnostic positions of gaze**

Duction : .....

Version : .....

**FUSION STATUS**

Worth 4 Dot.      20 ft. ....

                            13 in. ....

Prism vergence      20 ft. div. ....      conv. ....

                            13 in. div. ....      conv. ....

Stereotest fly test .....      Wirt .....      Second/arch

Stereotest animal ABC .....