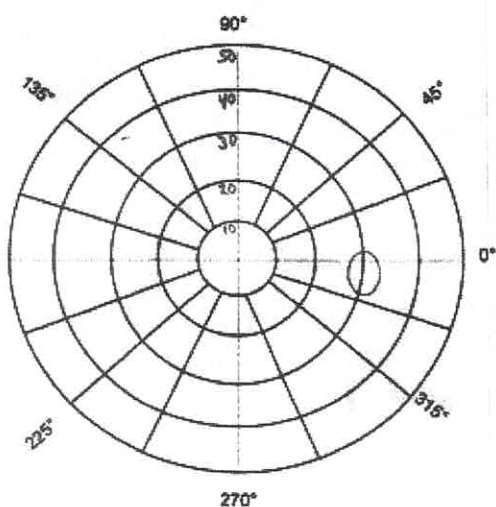


# Tangent Visual Field Testing Form

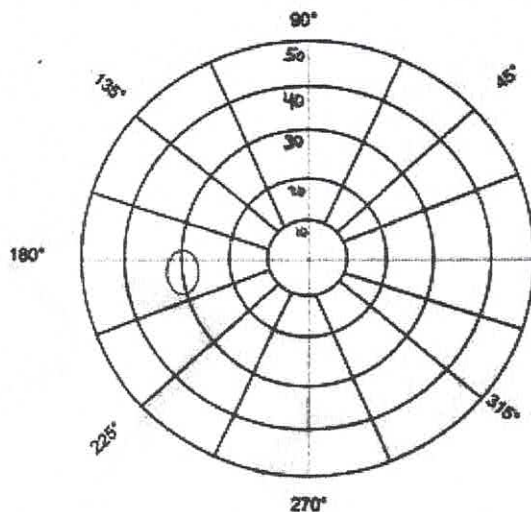
Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

## UNTAPED

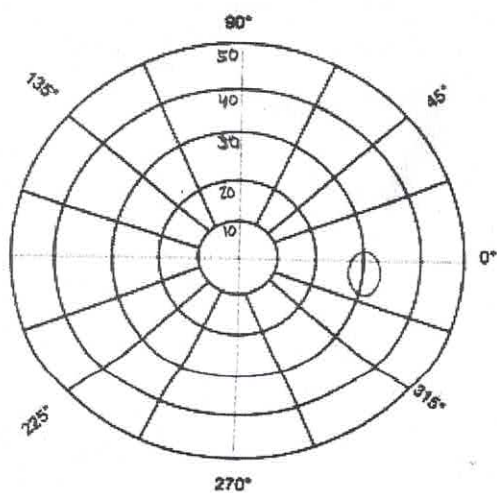


OD

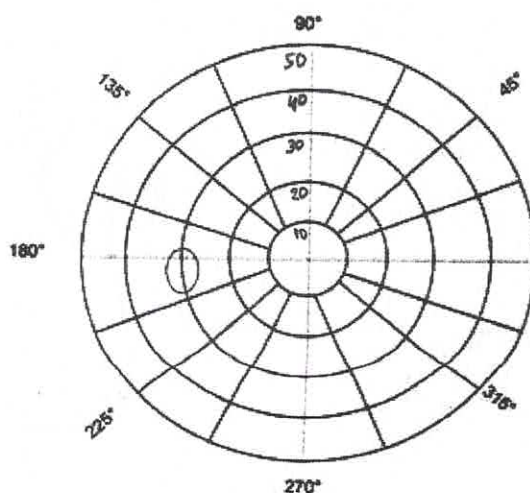


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## TAPED



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