

PELLI-ROBSON CONTRAST SENSITIVITY TEST

0.00 **H S Z D S N** 0.15
 0.30 **C K R Z V R** 0.45
 0.60 **N D C O S K** 0.75
 0.90 **O Z K V H Z** 1.05
 1.20 **N H O N R D** 1.35
 1.50 **V R C O V H** 1.65
 1.80 **C D S N D C** 1.95
 2.10 **K V Z O H R** 2.25

Right Eye

Log Contrast Sensitivity: _____

Acuity: _____

Correction: _____

Pupil Diameter: _____ mm

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 0.30 **C K R Z V R** 0.45
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 0.90 **O Z K V H Z** 1.05
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Binocular

Log Contrast Sensitivity: _____

Acuity: _____

0.00 **H S Z D S N** 0.15
 0.30 **C K R Z V R** 0.45
 0.60 **N D C O S K** 0.75
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 1.20 **N H O N R D** 1.35
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 1.80 **C D S N D C** 1.95
 2.10 **K V Z O H R** 2.25

Left Eye

Log Contrast Sensitivity: _____

Acuity: _____

Correction: _____

Pupil Diameter: _____ mm

Name: _____

Age, Sex: _____

Diagnosis: _____

Medications: _____

Date: _____

Examiner: _____

Comments: _____