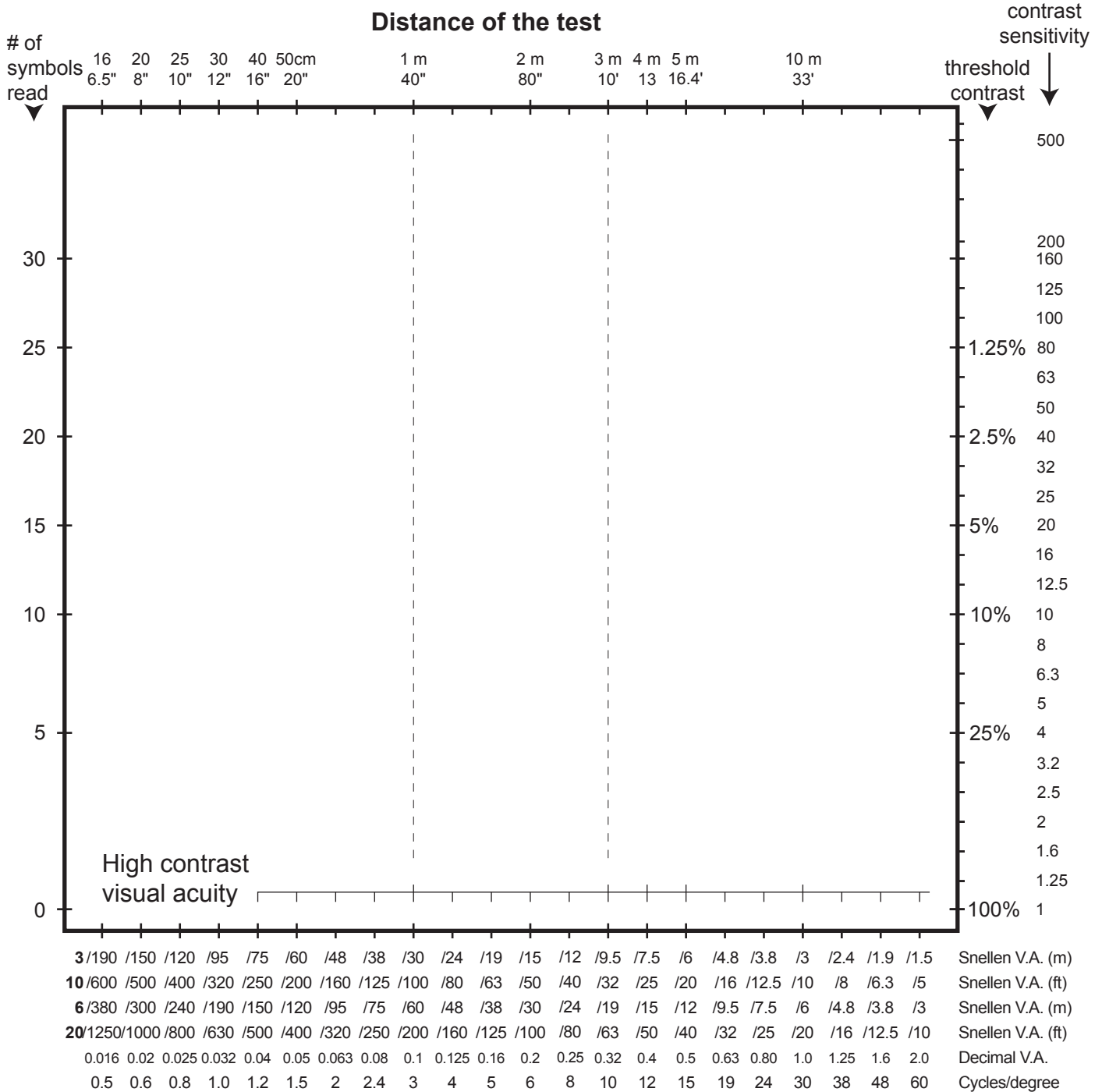


LOW CONTRAST TEST RECORDING FORM

xx=OD oo=OS

patient: _____ date _____



1155 Jansen Farm Drive
 Elgin, IL 60123
 Phone: 800-362-3860 Fax: 888-362-2576
 Phone: 847-841-1145 Fax: 847-841-1149
 www.good-lite.com