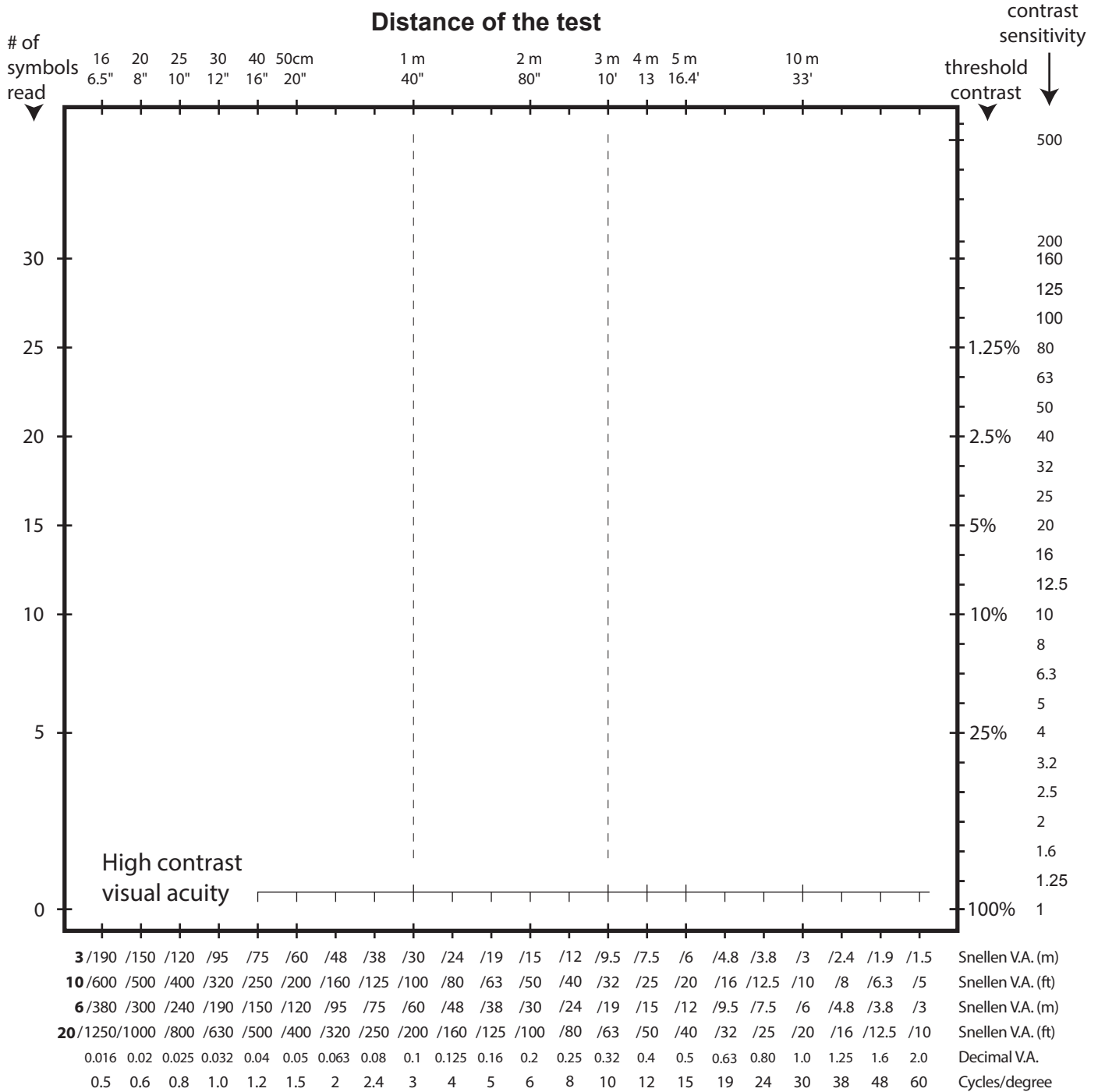


LOW CONTRAST TEST RECORDING FORM

xx=OD oo=OS

patient: _____ date _____



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