



**Patient Name:** ABDOU,  
FALL

**Gender:** Male

**Date of Birth:** 02-03-1999

**Patient ID:**

**Date:** 11-14-2025

**Test:** Adult Diagnostic

**Eye Tested:** OU (Both)

**Test ID/Plate ID:** 16

## OU (Both)

### Adult Diagnostic

General Section: 24/25

Tritan Section: 12/12

### Diagnosis

Normal Color Vision

### Calculated

Normal Color Vision

### Notes

No notes added

Authorized  
Signature:

*PATRICK  
CORREA*

**Digitally signed by:** PATRICK CORREA

**IP Address:** 41.214.60.97

11-14-2025 10:02