

**Patient Name:** FADEL,  
DIEDHIOU

**Gender:** Male

**Date of Birth:** 01-01-1980

**Patient ID:**

**Date:** 10-27-2025

**Test:** Adult Diagnostic

**Eye Tested:** OU (Both)

**Test ID/Plate ID:** 10

## OU (Both)

### Adult Diagnostic

General Section: 24/25

Tritan Section: 11/12

### Diagnosis

Normal Color Vision

### Calculated

Normal Color Vision

### Notes

No notes added

Authorized  
Signature:

*PATRICK  
CORREA*

**Digitally signed by:** PATRICK CORREA

**IP Address:** 154.124.78.150

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