DOT Eye Test Template

Name:	_
Age:	
Medical history (if applicable):	

	1	20/200
FP	2	20/100
TOZ	3	20/70
LPED	4	20/50
PECFD	5	20/40
EDFCZP	6	20/30
FELOPZD	7	20/25
DEFPOTEC	8	20/20
LEFODPCT	9	
F D P L T C E O	10	
PEZOLCFTD	11	

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DOT TEST

- 1. ●
- 2. ●
- 3. ●
- 4. ●
- 5. • •
- 6. ● ●
- 7. ●
- 8. • • •
- 9. • •
- 10. • •

RESULTS: