

Stereopsis Test

Patient information

Name: _____ Date of birth: _____

Contact information: _____ Date of test: _____

Disclaimer: There are different ways to test stereopsis, and each test differs in terms of procedures, equipment used, and results. Choose the appropriate test that best suits your patient's concern.

Procedure

1. Choose the appropriate test to do below.
2. Prepare the equipment for the test.
3. Prepare the patient.
4. Administer the test accordingly.
5. Record results on tests administered accordingly.

Methods of stereopsis tests			
Test name	Administered?		Results
Titmus Fly test	Yes	No	
Random Dot Stereogram test	Yes	No	
TNO test	Yes	No	
Weiss MKW test	Yes	No	
Lang Stereotest	Yes	No	
Frisby Stereotest	Yes	No	
Worth Four Dot test	Yes	No	
Digital SAT application	Yes	No	
Other (indicate):			
Results and findings			
Metric	Outcome		
Overall stereo acuity:			
Observations:			

Additional notes

Healthcare professional information

Name:

License ID number:

Contact information:

Signature:

Date of test: