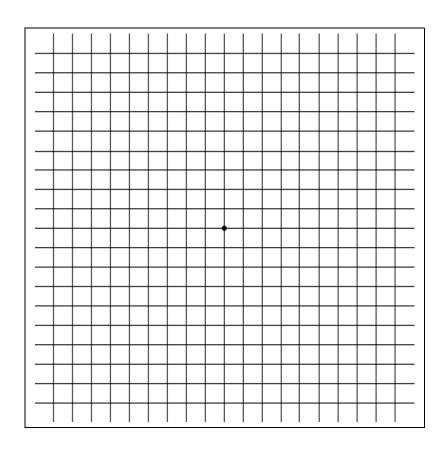
Amsler Grid Eye Test Patient's Name: Reference Record #: Tel: (home) ______ (Mobile) ______ Date of Birth: ______ Gender: □ Male □ Female Stare at the black dot at the center of the grid with one eye. Repeat with the other eye: • Are you able to see the corners and sides of the square? Yes / No ______ • Do you see any wavy lines? Yes / No ______ • Are there any holes or missing areas? Yes / No ______



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