



HOPETOWN HOSPITAL

EYE TEST RESULTS

Name _____

Address _____

Age _____

Right Eye	Left Eye
F	F
BC	BC
PTEO	PTEO
BZFED	BZFED
OFCLTB	OFCLTB
TEPOLFDZ	TEPOLFDZ
LPCTZDBFEO	LPCTZDBFEO
ZOECFLDPBT	ZOECFLDPBT
ETOLEBZEFDC	ETOLEBZEFDC
BOFCPTEBLFBEZ	BOFCPTEBLFBEZ

Normal Eyesight

Short Sighted

Long Sighted

Need Glasses

Dr Smile _____