

Stereopsis Test

Patient Information

Name:
Age:
Gender:
Date of Birth:
Date of Visit:
Referring Physician:
Medical History:

Stereopsis Testing

Objective:

Equipment

- **Stereopsis Test Plates**

- Titmus Stereo Test
- Randot Stereotest
- Others (specify): _____

- **Occluder**

- Occlusion Eyepatch
- Polarized Glasses
- Others (specify): _____

- **Well-lit Examination Room**

Procedure

Steps	Notes
Explain the procedure to the patient, ensuring they understand the task.	
Ensure that the examination room is adequately lit and free from distractions.	
Seat the patient comfortably at the appropriate distance from the stereopsis test plates.	
Instruct the patient to wear any necessary corrective lenses if applicable.	
Begin the test by presenting the stereopsis test plates to the patient.	
Utilize the occluder to cover one eye while the patient views the test plates with the other eye.	
Ask the patient to identify and describe the images or patterns they see on the test plates.	
Record the patient's responses accurately.	
Repeat the process with the other eye.	
If necessary, perform additional tests or maneuvers to confirm results.	

Interpretation:

Documentation:

Follow-Up:

Conclusion: