

VOLUME STEREO TEST VECTOGRAPH PATIENT VISION THERAPY RECORD FORM

PATIENT NAME: _____

DOCTOR NAME: _____

THERAPIST NAME: _____



PATIENT INSTRUCTIONS:

PATIENT IS TO USE VECTOGRAPH _____ DAYS/WEEK, _____ TIMES/DAY, _____ MIN/TIME

Relaxing (Divergence) - *Letters on blue bar*

Crossing (Convergence) - *Numbers on blue bar*

Record the Breaking Point above the diagonal line and the Recovery Point below the diagonal line.

Breaking Point: The point at which the chess pieces separate into two images (double image)

Recovery Point: The point at which the separated images are seen as a single clear image again

DATE	1/12/2022							
RELAXING	F E							
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