



Client Name: _____

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PIGMENTS

Color	Location(s) in Right Eye	Location(s) in Left Eye
yellow	ciliary	ciliary
orange	Corony/Knee RFS	3 o'clock @ HRF
brown		6 o'clock Adrenal 8 o'clock Pancreas R
<input checked="" type="checkbox"/> Central Heterochromia - Color	orange	
<input type="checkbox"/> No pigments		

COLLARETTE SIGNS

	Right Eye	Left Eye
Placement:	Balanced, ^{central} constricted	Balanced
Quality:	Irregular, Absent	Irregular, intermittent
Shape:	mildly jagged	jagged, double
	NUTRITIVE ZONE	
<input checked="" type="checkbox"/> Comb Teeth	yes	yes
<input checked="" type="checkbox"/> Inner Gray Border	no	no
<input checked="" type="checkbox"/> Crypts	yes	yes
<input checked="" type="checkbox"/> Stomach Ring: Whiter or Darker	darker	darker
<input checked="" type="checkbox"/> Radial Furrows	no	yes 9:30
<input checked="" type="checkbox"/> Angle of Fuchs	no	no
<input checked="" type="checkbox"/> Square Collarette	no	no
<input checked="" type="checkbox"/> Contraction Furrows	no	no

NOTES

- 1.
- 2.
- 3.