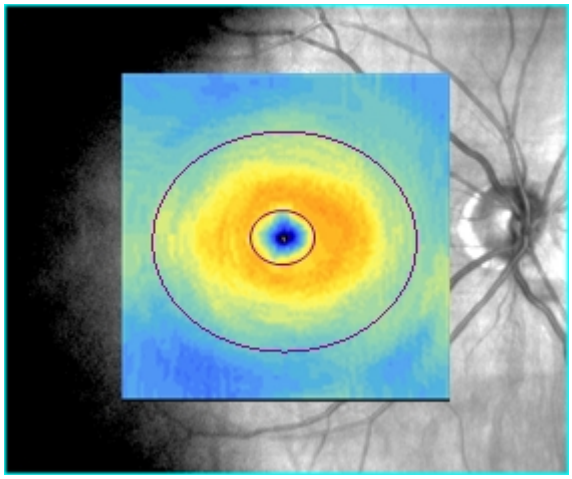
			OD	OS	
Name:	**Carroll, Joseph**				
ID:	115613349	Exam Date:	7/9/2010	7/9/2010	CZMI
DOB:	7/31/1975	Exam Time:	3:23 PM	3:20 PM	
Gender:	Male	Serial Number:	4000-2387	4000-2387	
Doctor:		Signal Strength:	7/10	10/10	

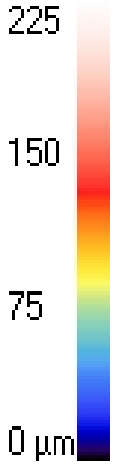
Ganglion Cell OU Analysis: Macular Cube 512x128

OD ● | ● OS

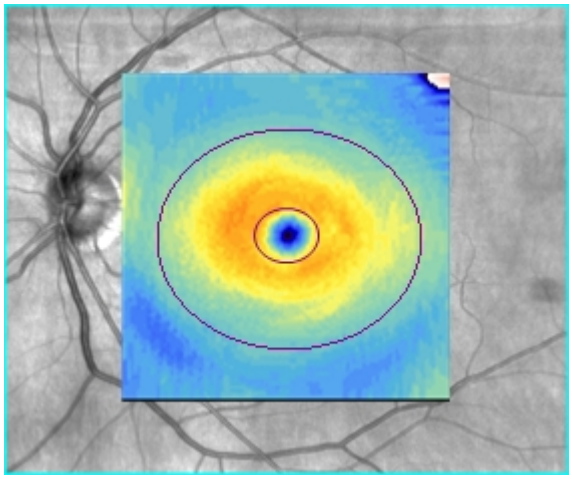
OD Thickness Map



Fovea: 252, 65

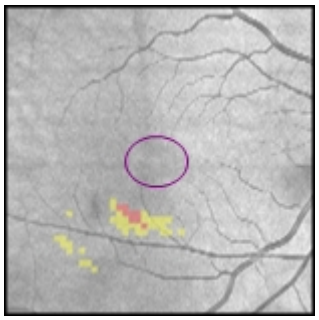


OS Thickness Map

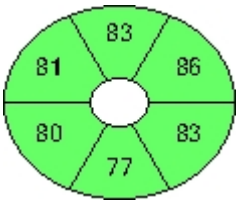


Fovea: 259, 64

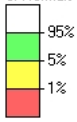
OD Deviation Map



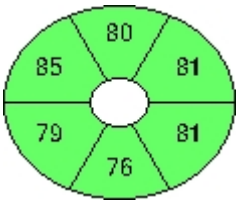
OD Sectors



Diversified Distribution of Normals



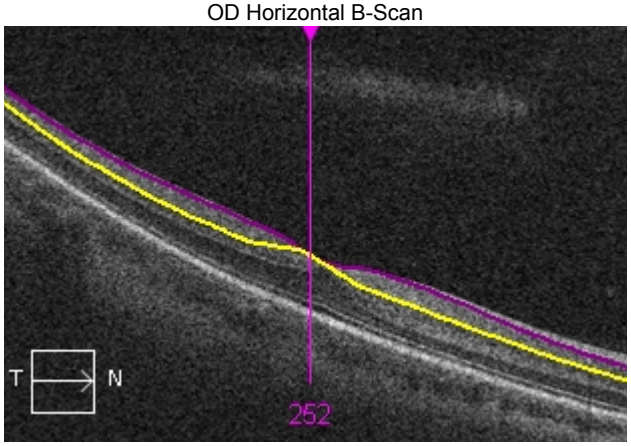
OS Sectors



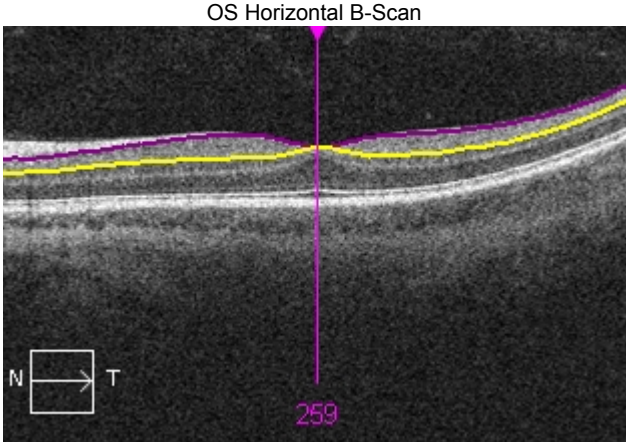
OS Deviation Map

⚠	OD µm	OS µm
Average GCL + IPL Thickness	82	80
Minimum GCL + IPL Thickness	81	78

OD Horizontal B-Scan



OS Horizontal B-Scan



Comments

Doctor's Signature

SW Ver: 6.0.2.81

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