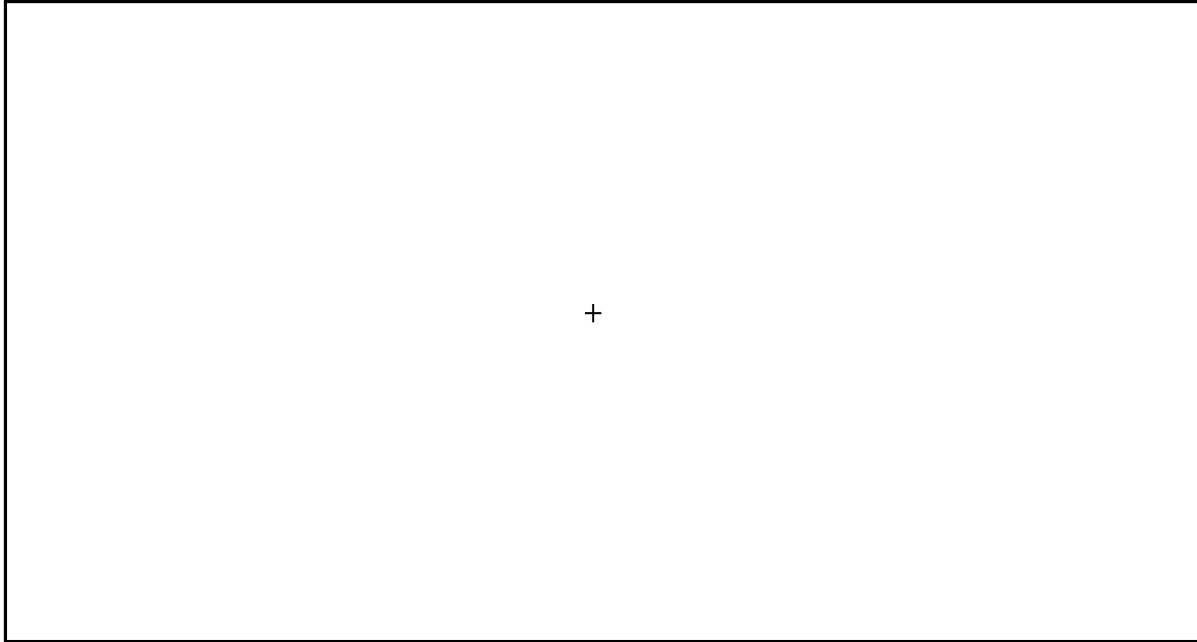


Please draw what the floaters look like to you as if looking into a big white panel approximately one yard/meter away from you.

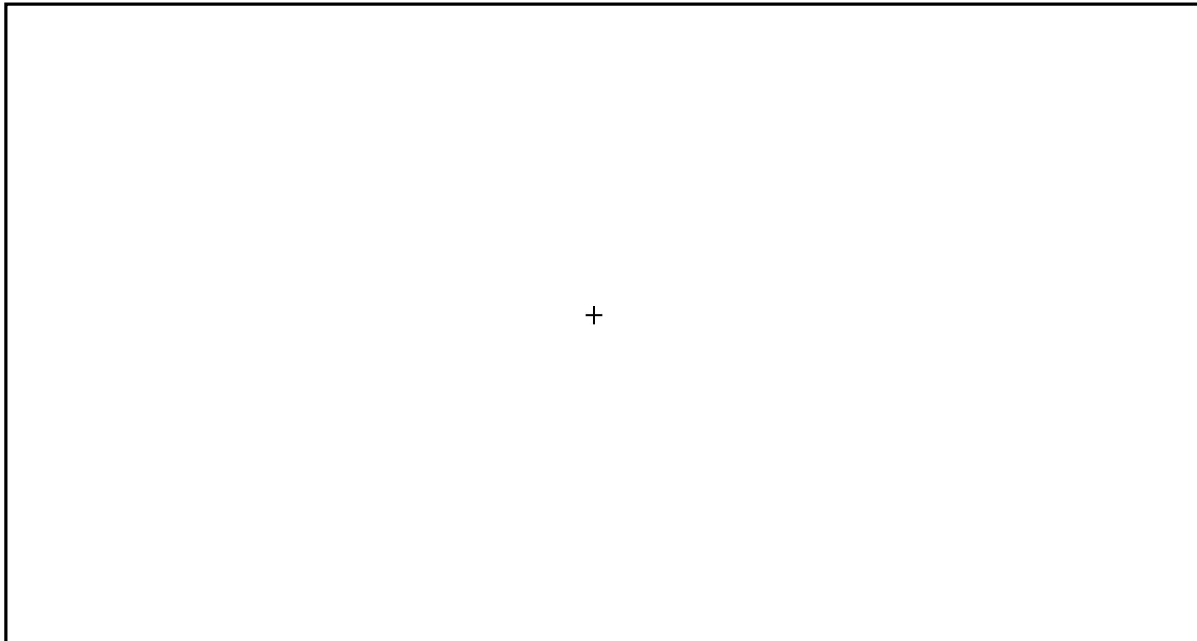
Bring this drawing with you to your first evaluation/consultation visit

RIGHT EYE



[] prior to any treatment

LEFT EYE



[] prior to any treatment

Name: _____ Date: _____