



Virtual Eye

VR Visual Fields & More



Streamline your practice and enhance patient care with Virtual Eye™

Virtual Eye is a VR-based visual field testing platform designed to overcome the limitations of traditional SAP. Developed and researched at the Bascom Palmer Eye Institute, it delivers advanced diagnostics in a compact, patient-friendly format.



THE VIRTUAL EYE EXPERIENCE

Revolutionize the way you deliver care, meeting patients where they are.

-  Gold-standard tests and reports, but with a smarter form factor
-  Comfortably assess patients of all ages, and reduce testing fatigue and chair time
-  Untethered, freeing up staff to perform other tasks – testing is fast, accurate, and reliable
-  VR assistant instructs and coaches patients in 25+ languages

See the Virtual Eye Advantage

- VR platform built on same proven threshold testing principles clinicians trust
- Test data delivered in a familiar, recognizable format compared to SAP.
- Secure 256-bit encryption for HIPAA and BAA compliance
- Patients can wear their own corrective lenses under the VR headset
- No dark room or dedicated space is required
- Lower upfront investment than traditional perimeters
- Continuous software upgrades at no extra cost
- Dedicated 24/7 tech support



Virtual Eye is available in a variety of colors. Pick the one that best fits your practice.



Black



Navy



Grey



Lilac



Blue



Uranium



Green



Aqua

A better way to test and diagnose patients

Frequently used tests, patterns, and modalities—without the giant bowl, dark room, or trial lenses.

Visual Field Tests

5-2, 10-2 (Central) 24-2, 24-2C, 30-2 (Standard), 60-4

Superior 36 (Suprathreshold) and Superior 64 (Ptosis)

Full Threshold

Full Field 120

Esterman (Driving)

Screening

Stimulus size III, V (I-VI)

Heijl-Krakau Blindspot Method

Elite S+

Pro



Color Vision Tests

14 Plate Ishihara Color Test

Waggoner Extended Color Vision Test (Optional Upgrade)



Functional Vision Tests

Visual Acuity (Snellen)

Cover Testing

Ocular Motility

Pupillography



Unlock More Flexibility & Efficiency with Pro Features

Multi-Exam Suite

Tobii Precision Eye Tracking

High Res Image Capture with External Camera

Live Eye Streaming and Monitoring



VR VISUAL FIELD MUST-HAVES

	The Virtual Eye Advantage	Why It Matters
Clinical confidence	Built on trusted perimetry protocols	If you can't trust the data, nothing else matters.
Workflow efficiency	Fast setup, minimal supervision	Efficiency isn't a bonus — it's the business case.
Patient experience	Comfortable, accessible testing	Better comfort = better data = better long-term outcomes.
Integration	EHR / DICOM compatible	If it slows documentation, it slows adoption.
Cost and ROI	Lower cost, scalable, no heavy maintenance	You can maximize ROI without the overhead and expensive upkeep.
Billing	Same CPT codes as the HFA	No workflow disruption for billing and reimbursement



Standard Thresholding

24-2 Virtual Eye VRVF

Patient:
Date of Birth:

Sex:
Patient ID:



24-2 -Fast -OD

Device: roberts neo 3

Eye: Right (OD)

Fixation Losses: 0 / 7

False Positive Errors: 0 / 6

False Negative Errors: 0 / 4

Stimulus: III

Strategy: Fast

Pattern: 24-2

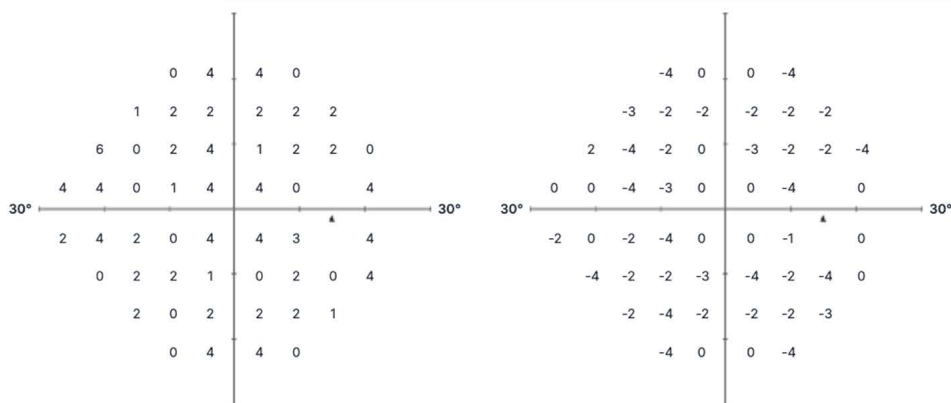
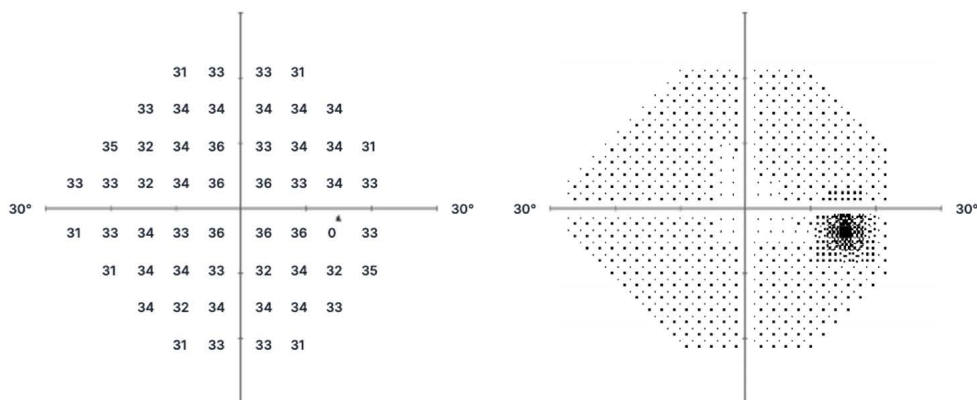
Fixation Target: Central Point

Date:

Time:

Duration: 02:44

Age:



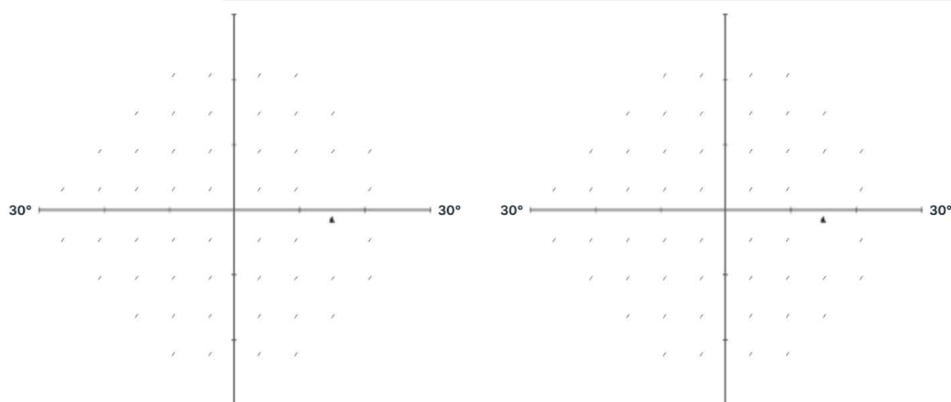
Total Deviation

Pattern Deviation

VFI: 100.00%

MD: 2.04 dB

PSD: 1.54 dB



P < 5 %
 P < 2 %
 P < 1 %
 P < 0.5 %

Standard Thresholding

24-2 HFA

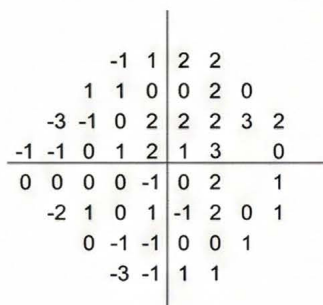
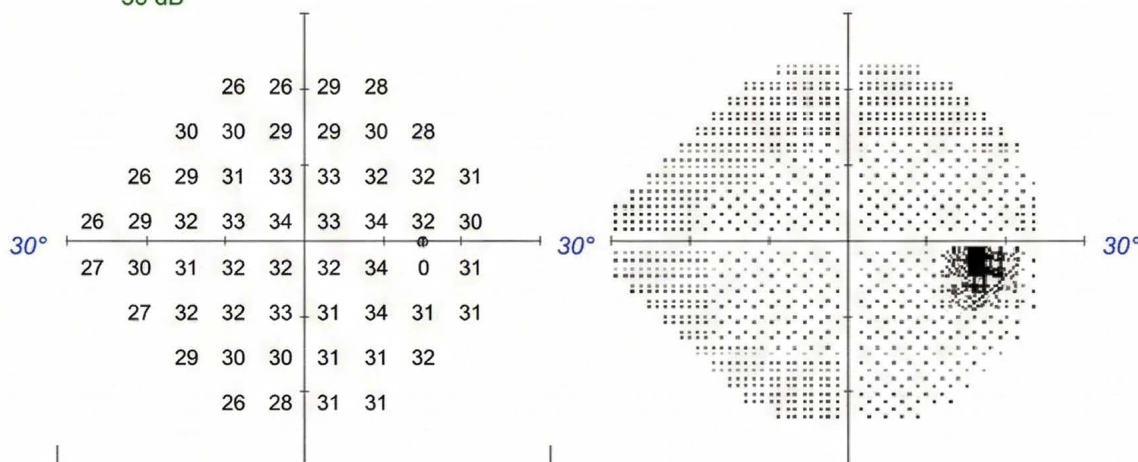
OD Single Field Analysis

Central 24-2 Threshold Test

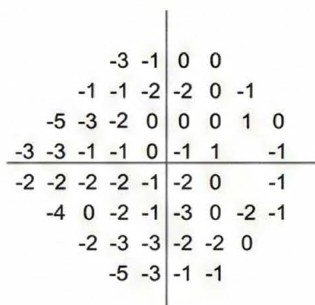
Fixation Monitor: Gaze/Blind Spot
 Fixation Target: Central
 Fixation Losses: 0/13
 False POS Errors: 0%
 False POS Errors: 0%
 Test Duration: 03:17
 Fovea: 36 dB

Stimulus: III, White
 Background: 31.5 asb
 Strategy: SITA Fast
 Pupil Diameter:
 Visual Acuity:
 Rx: +3.00 DS

Date:
 Time:
 Age:



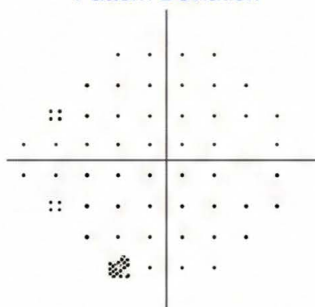
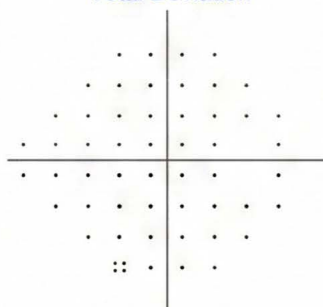
Total Deviation



Pattern Deviation

GHT: Within Normal Limits

VFI24-2: 100%
 MD24-2: 0.33 dB
 PSD24-2: 1.34 dB



:: P < 5%
 :: P < 2%
 :: P < 1%
 ■ P < 0.5%

Comments

Signature



Regular Screening

Virtual Eye VRVF

Patient:

Sex:

Date of Birth:

Patient ID:



24-2 -Screening -OD

Device: Robert's Neo 3

Eye: Right (OD)

Stimulus: III

Date:

Fixation Losses: 0 / 3

Strategy: Screening

Time:

False Positive Errors: 1 / 2

Pattern: 24-2

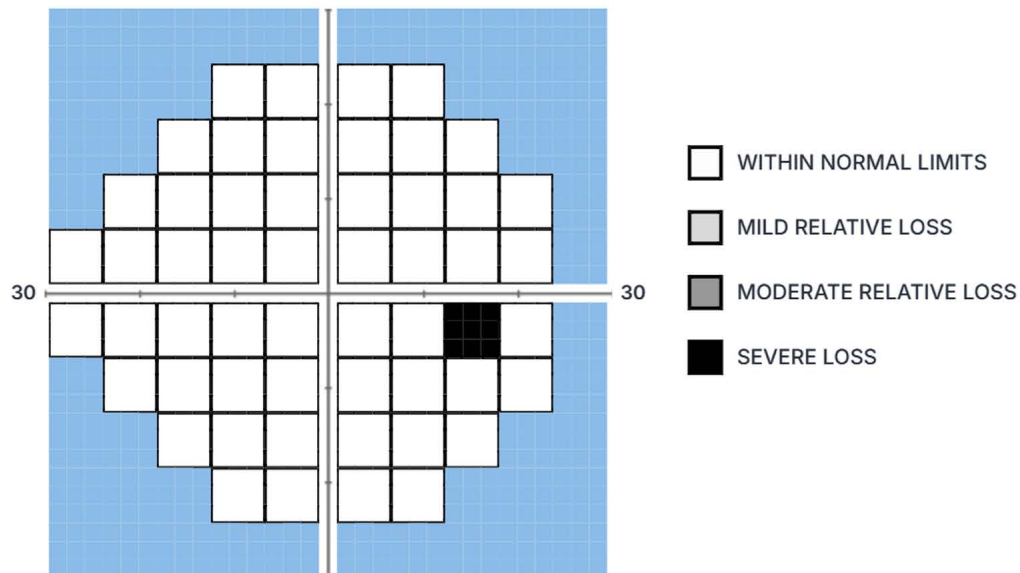
Age:

False Negative Errors: 0 / 2

Fixation Target: Central Point

Duration: 00:40

screening 24-2 (OD)

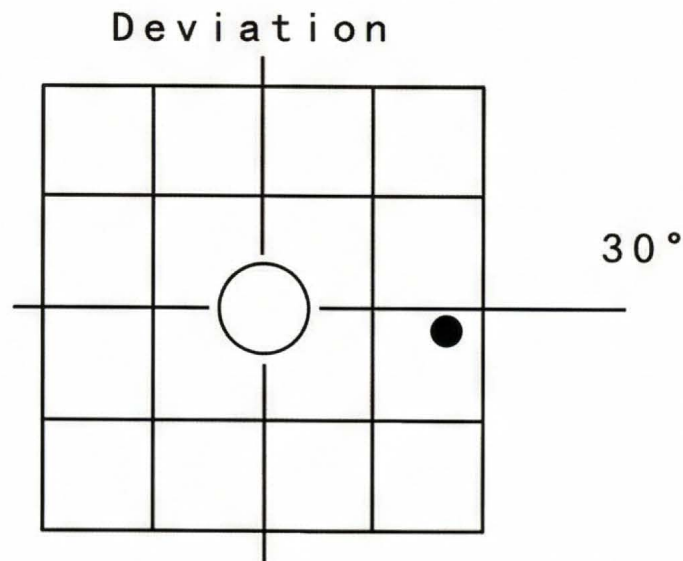


Regular Screening

FDT

RIGHT EYE

Test Duration: 00:41 min



FIXATION ERRS: 1/3
FALSE POS ERRS: 0/3

Probability Symbols

	P $\geq$ 5%
	P < 5%
	P < 2%
	P < 1%



Superior 64 Ptosis Screening

Virtual Eye VRVF

Patient:

Sex:

Date of Birth:

Patient ID:



Superior-64 -Suprathreshold -OS

Device: Robert's Neo 3

Eye: Left (OS)

Stimulus: III

Date:

Eye Image

Fixation Losses: 1 / 20

Strategy: Suprathreshold

Time:

False Positive Errors: 0 / 7

Pattern: Static Ptosis Pattern

Age:

False Negative Errors: 2 / 5

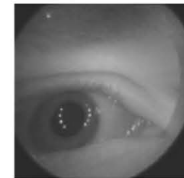
Fixation Target: Inferior Set -

Duration: 05:07

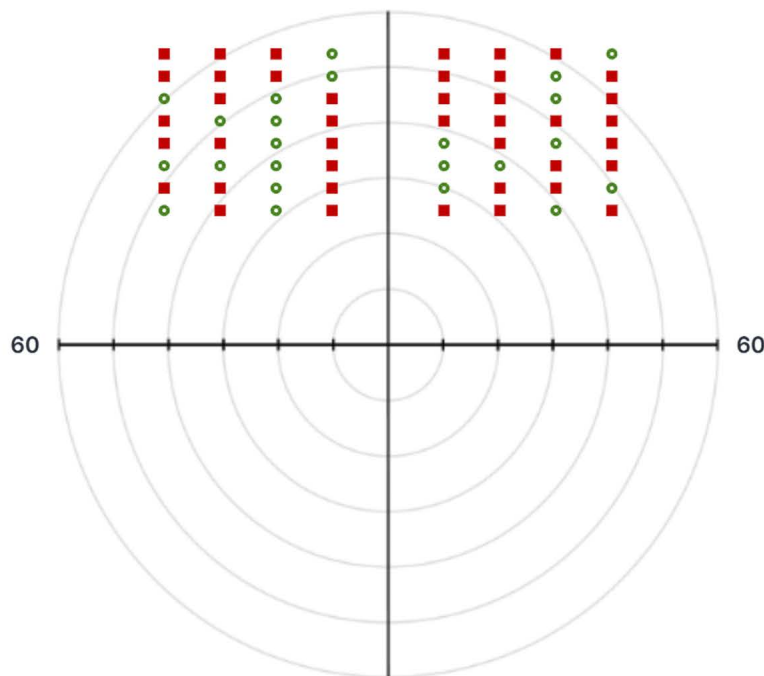
Patient is taped?: No

Size

Questions Asked: 64



Suprathreshold superior-64 (OS)



Seen: 23 / 64 - Missed: 41 / 64



Superior 64 Ptosis Screening

HFA

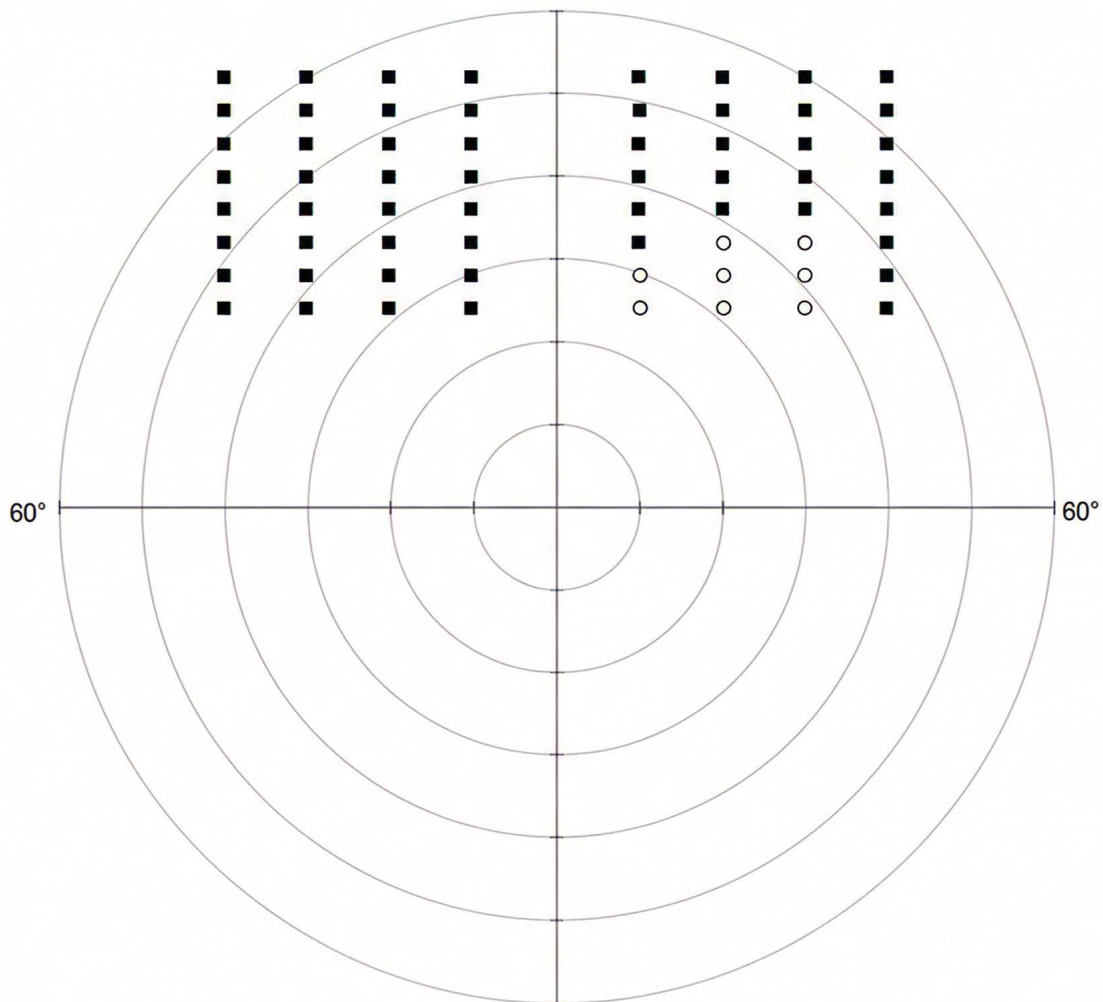
[cite: 1]

Superior 64 Point Suprathreshold Test

Fixation Monitor: Off
 Fixation Target: Bottom LED
 Fixation Losses: 0/0
 False POS Errors: 0/0
 False NEG Errors: 3/9 XX
 Test Duration: 04:55
 Stimulus Intensity: 10dB

Stimulus: III, White
 Background: 31.5 asb
 Strategy: Two Zone
 Test Mode: Single Intensity
 Pupil Diameter:
 Visual Acuity:
 Rx: +3.00 DS

Date:
 Time:
 Age:



- Seen 8/64
- Not Seen 56/64
- ▲ Blind Spot

Signature

ZEISS

Visual Acuity

Ocular Motility

Waggoner Color Sensitivity

Patient:	Sex:	 VIRTUALVISION
Date of Birth:	Patient ID:	

Color Sensitivity Extended (Waggoner)	Device:
Eye: OU Date: Time: Age:	Plate answered: 35 Correct answers: 8 Wrong answers: 27 Ratio: 23 %

Calculated Results

Severe Blue Deficiency (Tritan)

Combination Of Moderate Red & Green Deficiency (Protan & Deutan)

Adult Diagnostic (Correct / Total)

Extended Screening: 0 / 5 - Section Failed

Blue (Tritan): 0 / 12 - Deficiency Detected

Red (Protan): 4 / 9 - Deficiency Detected

Green (Deutan): 4 / 9 - Deficiency Detected

Screening Type	Correct / Total	Percentage	Category
Extended Screening	0 / 5	0%	Deficiency Detected
Blue (Tritan)	0 / 12	0%	Deficiency Detected
Red (Protan)	4 / 9	44%	Possible Deficiency
Green (Deutan)	4 / 9	44%	Possible Deficiency

Virtual Eye Software Platform, VEP-002
Version 3.4.2
URL: <http://www.virtualvision.com/78701002.4.1>

 **VIRTUALVISION**

Virtual Eye Software, VEP-001
Version 2.3.1
URL: <http://www.virtualvision.com/78701002.7.1>

Waggoner

W0075 Ver. 02

W0000

2.5M+ Exams. Trusted by Thousands of Providers

Patient Comfort That Improves Compliance



Mark Latina, MD

Patients love it. They're more comfortable and more attentive with this device than with the traditional Humphrey visual field. They say, "This is way better."

Accuracy & Reliability Comparable to the Gold Standard



Ronicha Azard Lin, OD

It's helped me detect everything from early glaucoma changes to serious neurological conditions. It's reliable, portable, and patient-friendly, and it has made a real difference in how I practice every day.



Mark Skowron, OD

Patients love it, and we are really pleased with the accuracy and reliability.

Time-saving Workflow



John A. McGreal Jr., OD

It doesn't require repositioning, a dark room, or trial lenses. It's way faster, and that's important.



Ken Elder, OD

We've been very pleased with Virtual Eye. We're a busy office, so we really value simplification over complication, and this has really brought that to this aspect of the practice.

Seamless Integration & Familiarity



Michael Boone, MD

We get reasonable, predictable tests. Same printouts as the Humphrey. And the upfront cost was a lot less than a big, huge machine.



Carlton Yuen, MD

Virtual Vision is making the device more valuable with time. It keeps getting better and more useful to you because updates are included, and the service is great.

Scalable, Predictable Cost Structure



Kay Khine, MD

Virtual reality devices are more affordable than the traditional visual field machines. You can buy multiple VR devices to improve clinic efficiency and patient flow.

Virtual Vision Health is dedicated to revolutionizing eye care diagnostics and disease management by offering affordable and accessible solutions to physicians, which enables them to provide the best possible care to their patients—no matter where they are.

Our commitment to innovation ensures our customers have access to the most advanced and reliable technology available. Our dedication is ongoing and we strive to offer unparalleled support so our customers are always empowered to deliver exceptional care to their patients—while driving efficiency and success in their practices.



Discover the future of eye care with our transformative solutions at <https://virtualvision.health/>

RESEARCH-BACKED TECHNOLOGY

Preliminary Retrospective Validation of a Novel Virtual Reality Visual Field Standard Testing Algorithm, as Compared to Standard Automated Perimetry.

Munshi H, Da Silva K, Savatovsky E, Bitrian E, Grajewski AL. ARVO Annual Meeting, Denver, CO. May 1st – 4th, 2022.

Establishing a normative database in a pediatric population using a virtual reality visual field test.

Da Silva K, Munshi H, Savatovsky E, Grajewski AL. UKPGS Annual Meeting, London, UK. February 5th, 2022.

Novel Pre-Visual Field Algorithm Improves Performance and Predicts Visual Field Defects.

Munshi H, Ziff M, Bitrian E, Chang TCP, Grajewski AL. AAO Annual Meeting, New Orleans, LA. November 12-15, 2021.

*Value-Cost Analysis and Comparison of Standard Automated Perimetry and Head-Mounted Perimetry.

Award: Real Word Ophthalmology 1 of 10 top poster presentations 2023

Goodman D, McLaughlin D, Munshi H, Bitrian E, Hodapp E, Grajewski AL. UKPGS Annual Meeting. London, UK, January 26, 2024.

Reliability of Visual Field Testing in a Telehealth Setting Using a Head-Mounted Device: A Pilot Study

Award: Journal of Glaucoma Article of the Month

McLaughlin DE, Savatovsky E, Vanner E, Munshi H, Pham AH, Chang TC, Grajewski AL. Journal of Glaucoma 33 (1): p 15-23, January 2024.



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