## **DELFIN OPTICAL CLINIC - PANABO**

Location: Brgy. New Pandan, New Integrated Bus and Jeepney Terminal, Panabo City

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Patient Contact No .:

Email: delfinopticalclinic@gmail.com

Dr. Edwin King Xing John M. Delfin Dr. Edwin Shielle Justin M. Delfin



Patient Informa	ation		
Px Name: Cent Per	ria	Date: 20	022-10-16 Age: 22
Address: panabo			
Case History:			
☐ Hypertension ☐ Diab	etes ☐ High Uric Acid ☐ Others: s	sdfds	
Chief Complaint(s)	): □ BOV@Near □ BOV@Far	□ BOV@F&N □ Headache	
□ Dizziness	□ Nausea		
Other Complaints:	sdfds		
External Exami	ination:		
Cornea:	Conjunctiva:	Eyelids:	MGD:
Lens:	Pupil:	Iris:	Puncta:
Refraction:			
OLDRX:			
OD:	sph=	cx:	OS:
sph=	cx:	ADD:	
NEWRX:			
OD:	sph=	cx:	OS:
sph=	cx:	ADD:	
FVA:			
ODsc:/20	OSsc:/20	OUsc:/20	ODcc:/20
OScc:/20	OUcc:/20		
NVA:			
OUsc:/6	OUcc:/6	PD: OD	OS:
OU:			
Diagnosis:		Management:	_
Type of Lens:		Type of Frame:	
A 0.1		Таша - : :	
Amount :		Terms: :	
Deposit:			
Balance :			
Patient's Signature			
Dations Contact No.			Optometrist on Duty