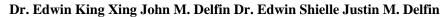
DELFIN OPTICAL CLINIC - PANABO

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

Contact No. 0945-677-4914/0948-361-0177

Facebook: @delfinopticalclinic

Email: delfinopticalclinic@gmail.com





Patient Informati	ion		
Px Name: Cent Peria Address: panabo		Date: 2	022-10-16 Age: 22
Case History:			
Chief Complaint(s): □ Dizziness	s □ High Uric Acid □ Others: . □ BOV@Near □ BOV@Far □ Nausea		
External Examina	ation:		
Cornea:	Conjunctiva:	Eyelids:	MGD: Puncta:
Refraction:			
OLDRX:			
OD: sph=	sph= cx:	cx: ADD:	OS:
NEWRX: OD: sph=	sph= cx:	cx: ADD:	OS:
FVA: ODsc:/20	OSsc:/20	OUsc:/20	ODcc:/20
OScc:/20 NVA:	OUcc:/20		
OUsc:/6 OU:	OUcc:/6	PD: OD	OS:
Diagnosis: Type of Lens:		Management: Type of Frame:	
Amount :		Terms: :	
Deposit :Balance :			
Patient's Signature Patient Contact No.:			Optometrist on Duty