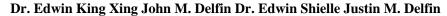
DELFIN OPTICAL CLINIC - PANABO

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 Informa	tion		
Px Name: elaine segui		Date: 2022-10-16 Age: 22	
Address:			
Case History:			
☐ Hypertension ☐ Diabet	tes ☐ High Uric Acid ☐ Others: g	g	
Chief Complaint(s):	: □ BOV@Near □ BOV@Far	□ BOV@F&N □ Headache	
☐ Dizziness Other Complaints: gg	□ Nausea		
External Examin	nation:		
Cornea:	Conjunctiva:	Eyelids:	MGD:
Lens:	Pupil:	Iris:	Puncta:
Refraction:			
OLDRX:			
OD:	sph=	CX:	OS:
sph= NEWRX:	cx:	ADD:	
OD:	sph=	cx:	OS:
sph=	cx:	ADD:	
FVA:			
ODsc:/20	OSsc:/20	OUsc:/20	ODcc:/20
OScc:/20	OUcc:/20		
NVA:			
OUsc:/6 OU:	OUcc:/6	PD: OD	OS:
Diagnosis:		Management:	
Type of Lens:	_	Type of Frame:	
Amount :		Terms: :	
Deposit :			
Balance :			
Patient's Signature			
Patient S Signature Patient Contact No.: 091234:	56789		Optometrist on Duty