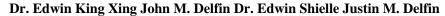
DELFIN OPTICAL CLINIC - PANABO

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 Informatio	n		
Px Name: Cent Peria Address: panabo		Date: 20	22-10-16 Age: 22
Case History:			
Chief Complaint(s):	☐ High Uric Acid ☐ Others: so ☐ BOV@Near ☐ BOV@Far ☐ Nausea		
External Examinat	tion:		
Cornea:	Conjunctiva:sfds Pupil:sfsd	Eyelids:	MGD:
Refraction:			
OLDRX:			
OD: sph=	sph= sfds cx: sdfds	cx: ADD:	OS:
NEWRX: OD: sph=	sph= cx:	cx: ADD:	OS:
FVA: ODsc: /20	OSsc:/20	OUsc:/20	ODcc:/20
OScc:/20 NVA:	OUce:/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.: 0912345678			Optometrist on Duty