DELFIN OPTICAL CLINIC - PANABO

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

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



| Patient Informa | tion | | |
|------------------------|---------------------------------|----------------------|---------------------|
| Px Name: maryrose | e burlaza | Date: 20 | 22-10-16 Age: 21 |
| Address: | | | |
| Case History: | | | |
| ☐ Hypertension ☐ Diabe | etes High Uric Acid Others: _ | | |
| Chief Complaint(s) | : □ BOV@Near □ BOV@Far | □ BOV@F&N □ Headache | |
| □ Dizziness | □ Nausea | | |
| Other Complaints: _ | | | |
| External Exami | nation: | | |
| 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: | _ |
| Amount : | | Terms: : | |
| Deposit : | | | |
| Balance : | | | |
| Patient's Signature | | | |
| Patient Contact No.: | | | Optometrist on Duty |