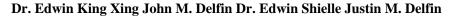
DELFIN OPTICAL CLINIC - PANABO

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	ation			
Px Name: maryrose burlaza		Date: 20	Date: 2022-10-16 Age: 21	
Address:				
Case History:				
☐ Hypertension ☐ Diabo	etes ☐ High Uric Acid ☐ Others: _			
Chief Complaint(s)): □ BOV@Near □ BOV@Far	□ BOV@F&N □ Headache		
☐ Dizziness Other Complaints:	□ Nausea			
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: 23	ADD:		
FVA:	00 /00	011 /00	OD /00	
ODsc:/20 OScc:/20	OSsc:/20 OUce:/20	OUsc:/20	ODcc:/20	
NVA:				
OUsc:/6 OU:	OUce:/6	PD: OD	OS:	
Diagnosis:		Management:	_	
Type of Lens:	_	Type of Frame:		
Amount :		Terms: :		
Deposit :				
Balance :				
Patient's Signature				
Patient Contact No.: 093031	162978		Optometrist on Duty	