**E+宝瞳**

青少年视力健康中心

**姓名:** {{name}}

**到店时间:** {{year}} 年 {{mouth}}月 {{day}} 日

|  |  |  |  |
| --- | --- | --- | --- |
| 检查时间 | 裸眼视力 | 屈光度 | 配镜度 |
| {{date1}} | {{eye1}} | {{eyeRef1}} | {{glass1}} |
| {{date2}} | {{eye2}} | {{eyeRef2}} | {{glass2}} |
| {{date3}} | {{eye3}} | {{eyeRef3}} | {{glass3}} |
| {{date4}} | {{eye4}} | {{eyeRef4}} | {{glass4}} |
| {{date5}} | {{eye5}} | {{eyeRef5}} | {{glass5}} |
| {{date6}} | {{eye6}} | {{eyeRef6}} | {{glass6}} |
| {{date7}} | {{eye7}} | {{eyeRef7}} | {{glass7}} |
| {{date8}} | {{eye8}} | {{eyeRef8}} | {{glass8}} |
| {{date9}} | {{eye9}} | {{eyeRef9}} | {{glass9}} |
| {{date10}} | {{eye10}} | {{eyeRef10}} | {{glass10}} |
| {{date11}} | {{eye11}} | {{eyeRef11}} | {{glass11}} |
| {{date12}} | {{eye12}} | {{eyeRef12}} | {{glass12}} |

联系电话：