

Medical Report

Patient Details

Patient ID : 123456789v
Patient Name : John Doe
Date of Birth : 15/05/1990
Gender : Male
Phone Number : 1234567890



Eye Exam Details

	Right Eye Diagnosis	Left Eye Diagnosis
Lids	Swollen	Normal
Conjunctive	Reddish	Clear
AC	Inflamed	Normal
Iris	Green	Brown
Vitreous	Cloudy	Clear
Cornea	Scarred	Normal
Retina	Detached	Healthy

Allergies: None
Medical History: No significant medical history

Surgery Details

Surgery Id : SG-00000-123456789v
Date : 12/01/2024
Time : 10:15:00
Doctor Id : MBBS.00000
Lens Id : AB-2022-1459
Description : test

Doctor In Charge
Dr. John Doe

.....