

# Medical Report

**Date :** 2023-04-07

**Name :**

**Age :**

**Mobile Number :**

**Gender :** Male

	Left Eye	Right Eye
<b>Diabetic Retinopathy</b>	Moderate NPDR	PDR
<b>Macular Degeneration</b>	Normal	Normal
<b>Cataract</b>	Normal	Normal
<b>Glaucoma</b>	1	1



Left Eye



Right Eye