

Dr. Manoj Goswami

Optometrist

Date:- 17/12/2019

Name of the Patient: - Ms Anita

Age:- 28yrs Gender:- Male

Symptoms:- Routine Eye Checkup

Diagnosis:- Use Specs

| Name of the Medicine | Timings | | | Date | Remarks (if any) |
|----------------------|-----------|-------|--------|------|------------------|
| | Breakfast | Lunch | Dinner | | |
| Elcl Misty Gel | | | | | |
| | | | | | |
| | | | | | |
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Prescribed Tests:- Retinal Checkup

Address: Plot no.- 1, Malibu Towne Sector- 47, Gurugram, Email - info@cdas.in, Website - www.cdas.in 0124-4232805; 0124- 4232196. Emergency No - 0124-4545450