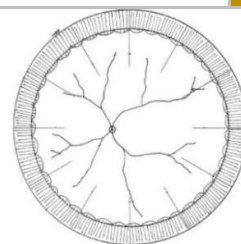
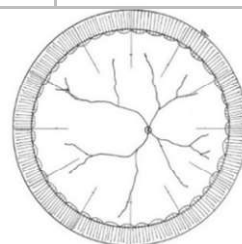
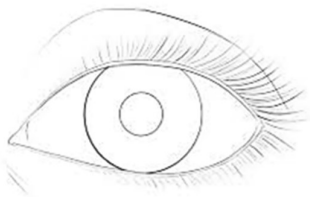
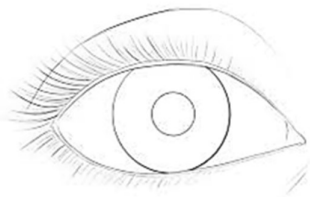






Name Age/Gender Mobile No Address				Branch Case No: Date: Ref By:					Patient Info
Reason for Visit:				Document Info					
Ophthalmic History:			Systemic History:						
Family History:			Birth History:			Notes/Events:			
	UCVA	PH	BCVA Dist	Sph	Cyl	Axis	BCVA Near	Add	Optometry
RE									
LE									
	Schirmer	IOP	Pachy	Color Vision	Duochrome	ACD	Dilation	Remarks	
RE									
LE									
	Gross Exam		Slit Lamp		Fundus		Other Tests		Examination
RE									
LE									
Diagnosis			Investigations			Rx			Management
Further Tests/Remarks			Advise			Follow-Up			



	RE		LE		Other Tests
Gonioscopy					
Retinoscopy					
Autoref					
Cycloplegic Refraction					
Binocular Vision					
PG1					
PG2					
	Pulse	BP	SpO2	Temperature	Vitals
Vitals					

	Reference Note		Medical Certificate