

Doctor's Notes

☐ GP

☐ FP

☐ Specialty.....

Patient Name.....

Age..... Gender.....

Weight Height BP Temperature Pulse Respiratory ..

0244 188152

Chief Complaint: History of blurry vision, double vision, and eye pain.

On examination: Check for medical

history: Sx: R, Rx: N, N

On: P, P, P, P, P, P, P, P

Ant: ov. 71-25 / -0.75 x 85 10-7h

ov. 6 11 6

ov. N, N, N, N, N, N, N, N

ov. 0.8 / Atrophy / Membrane

ov. 0.8 / Atrophy / Membrane

ov. 1. Surprised Live

Plan: 1. Book to see Ophthalmologist

Doctor's Name & Signature