



مستشفى السلامة
Al Salama Hospital

Eyeglasses Prescription

Patient Name: _____

MRN: _____

Gender: _____

Age: _____



مستشفى السلامة
Al Salama Hospital

Eye	Sphere	Cylinder	Axis	VA	Add	Prism
Right						
Left						
<input type="checkbox"/> Separate		<input type="checkbox"/> CR-39		<input type="checkbox"/> Anti Reflective		
<input type="checkbox"/> Photo Chromatic		<input type="checkbox"/> Bifocal		<input type="checkbox"/> Progressive		
<input type="checkbox"/> Hi-index				<input type="checkbox"/> UV Coating		
PD						
Name of Physician: Thuraya Mohammed						
Stamp & Signature:		<div>AlMuran Medical Center LTD. Co. Dr. Thuraya Mohammed Optometrist ID No. # 101636 SCFHS # 22402825</div>			Date: ----/----/----	