



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: Taqwa Taha						
Stamp & Signature:		<div>AlMurjan Medical Center LTD. Co. Dr. Taqwa Taha Optometrist ID No. # 101006 SCFHS # 16RA0016095</div>			Date: ----/----/----	