



مستشفى السلامة  
Al Salama Hospital

## Eyeglasses Prescription

Patient Name: \_\_\_\_\_

MRN: \_\_\_\_\_

Gender: \_\_\_\_\_

Age: \_\_\_\_\_



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