
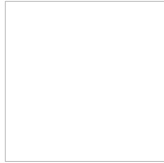


## Orthoptic Evaluation

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Gender	:	Male	Doctor's Name	:	Ophthalmology Doctor
			Date	:	2024-01-17

EXTRA OCULAR MUSCLES	OD :a	OS :a
HIRSCHBERG CORNEAL REFLEX TEST	aDiopters	
COVER TEST	UNAIDED AIDED	DISTANCE aa DISTANCE aa NEAR a NEAR a
PRISM BAR COVER TEST	DISTANCEaΔ	NEARaΔ
WORTH FOUR DOT TEST	a	
STEREO ACUITY TEST	a	
NOTES	a	

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Alston Rebello Date 2024-01-17 11:30	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-17 11:30