
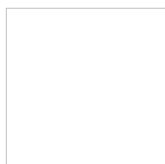


Orthoptic Evaluation

Patient Name	:	sandhya rani	Emirates ID	:	784-1996-9294842-7
File No	:	7	DOB	:	2023-10-09
Gender	:	Female	Doctor's Name	:	Ophthalmology Doctor
			Date	:	2024-01-03

EXTRA OCULAR MUSCLES		OD :s	OS :s
HIRSCHBERG CORNEAL REFLEX TEST		sDiopters	
COVER TEST	UNAIDED AIDED	DISTANCES DISTANCES	NEARs NEARs
PRISM BAR COVER TEST		DISTANCESΔ	NEARsΔ
WORTH FOUR DOT TEST		s	
STEREO ACUITY TEST		s	
NOTES		s	

Sign here, only if all of your questions have been answered to your satisfaction

PATIENT	DOCTOR
	
Patient Name sandhya rani Date 2024-01-03 21:15	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-03 21:15