

Refraction Form

Patient Name	:	Alston Rebello			Emirates ID	:	784-1991-2906159-3		
File No	:	17	DOB	:	1996-06-20	Nationality	:	Indian	
Gender	:	Male	Doctor's Name	:	Optthalmology Doctor	Date	:	2024-01-24	

Visual Acuity

TYPE:

OD: PH: :0.3
OS: PH: :0.2

GLS: CL:
GLS: CL:

Pachymetry

Glasses Prescription

OD:um.

Glass1:

Glass2:

um.

um.

OD:um.

Dominant Eye

☐ OD

☐ OS

Subjective1/1/1900 12:00:00 AM

OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	Remarks
OD Sph	Cyl;	Axs	VA	ADD	Va	PH: NAME	Remarks

Cylco1/1/1900 12:00:00 AM

OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	Remarks
OD Sph	Cyl;	Axs	VA	ADD	Va	PH: NAME	Remarks

Dry Test1/1/1900 12:00:00 AM

OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	Remarks
OD Sph	Cyl;	Axs	VA	ADD	Va	PH: NAME	Remarks

Auto Refraction Photo


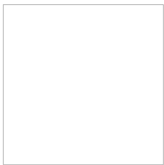
Cyclo Photo
arabic checkboxes.txt

Dry Test Photo

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

PATIENT

DOCTOR

	
<div>Patient Name Alston Rebello</div> <div>Date 2024-01-24 11:45</div>	<div>Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45)</div> <div>Date 2024-01-24 11:45</div>

