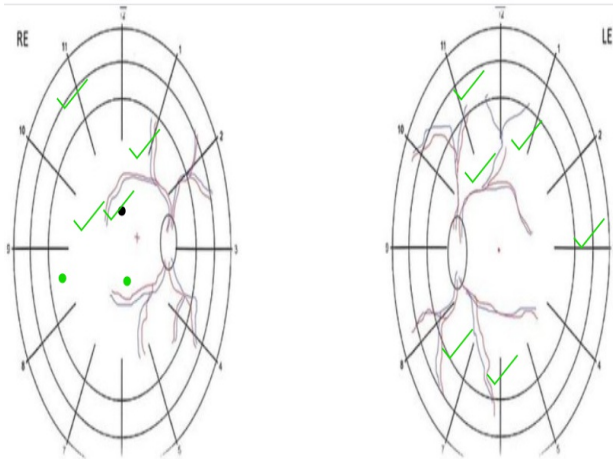

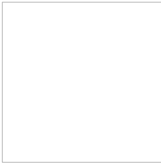


Template 4

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Gender	:	Male	Doctor's Name	:	Ophthalmology Doctor
			Date	:	2024-01-19



Notes:ss

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT 	DOCTOR 
Patient Name sai krishna Date 2024-01-19 11:45	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-19 11:45