

Final Prescription Contact Lenses								
Patient Name	:	sai krishna				Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25	Nationality	:	Other
Gender	:	Male	Doctor's Name	:	Ophthalmology Doctor	Date	:	2024-04-23

EYE	RE	LE
Power		
Diameter		
Base Curve		
Visual Acuity - CC/SC		
Type Of Lens	sdf	

Sign here, only if all of your questions have been answered to your satisfaction	
Patient	Doctor
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Patient Name sai krishna Date 2024-04-23	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-04-23