
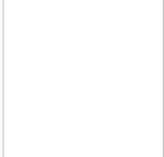


Ptosis Evaluation

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

	OD	OS
SEVERITY		
MARGINAL REFLEX DISTANCE I	mm	mm
MARGINAL REFLEX DISTANCE II	mm	mm
PALPEBRAL FISSURE HEIGHT	mm	mm
LEVATOR PALPEBRAL SUPERIORIS FUNCTION	mm	mm
UPPER EYE LID CREASE	mm	mm
JAW WINKING PHENOMENON	mm	mm
LAGOPHTHALMOSIS	mm	mm
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