
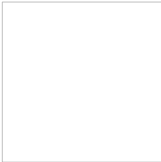


## Orthoptic Evaluation

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Nationality	:	Indian	Date	:	2024-01-13
Gender	:	Male	Doctor's Name	:	Ophthalmology Doctor

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 Alston Rebello  Date 2024-01-13 14:15	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45)  Date 2024-01-13 14:15