



Orthoptic Evaluation

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	:	2024-01-04			

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 sai krishna Date 2024-01-04 21:00	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-04 21:00