
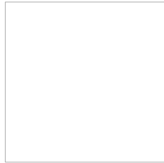


## Final Prescription Contact Lenses

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Nationality	:	Other			
Gender	:	Female	Doctor's Name	:	Ophthalmology Doctor
Date	:	2024-02-16			

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

Sign here, only if all of your questions have been answered to your satisfaction

Patient	Doctor
	
Patient Name Reshma Siya  Date 2024-02-16	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45)  Date 2024-02-16