

Orthopthic 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	:	2024-04-23

EXTRA OCULAR MUSCLES		OD :		OS :		
HIRSCHBERG CORNEAL REFLEX TEST		Diopters				
COVER TEST	UNAIDED		DISTANCE		NEAR	
	AIDED		DISTANCE		NEAR	
PRISM BAR COVER TEST		DISTANCEΔ		NEARΔ		
WORTH FOUR DOT TEST						
STEREO ACUITY TEST						
NOTES		ert				

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 (12:45 - 13:00)	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-04-23 (12:45 - 13:00)