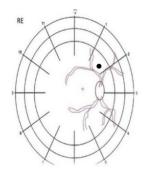
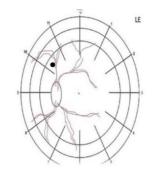
Template 4								
Patient Name	Reshma Siya			Emirates ID	:	784-6478-3648736-8		
File No	: 4	DOB		1995-05-21	Nationality		Other	
Gender	: Female	Doctor's Name	:	Opthalmology Doctor	Date	:	2024-02-28	





Notes:vbnbvnvbhn

Sign here, only if all of your questions have been answered to your satisfaction						
PATIENT	DOCTOR					
Patient Name Reshma Siya Date 2024-02-28 (10:00 - 10:15)	Doctor Name Opthalmology Doctor - Ophthalmology (Oph45) Date 2024-02-28 (10:00 - 10:15)					

