

Pre Operative CheckList

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



Name : Alston Rebello

File Number : 17File Number : 2024-01-17

Payment Received By :

Consent Secured :

Patient Prepared By :

Known Allergies :

☐ No Make-up

☐ No Valuables

Mark Surgical Site : ☐ OD ☐ OS ☐ OU

TEST	ORDERED BY	PERFORMED BY
DRY TEST		
TOPOGRAPHY		
TOPOLYZER		
ORA		
IOP		
PACHYMETRY		
DOMINANT EYE		
MARK AXIS <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU		
DILATED EXAM		
OTHERS		

R					L			
Shp	Cyl	Axis	Visual Acuity		Shp	Cyl	Axis	Visual Acuity

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

Patient	Doctor
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<div>Patient Name Alston Rebello Date 2024-01-17</div>	<div>Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-17</div>

