
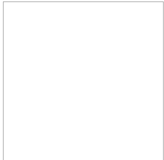


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|---|---|
| Sign here, only if all of your questions have been answered to your satisfaction | |
| PATIENT | DOCTOR |
|  |  |
| Patient Name Reshma Siya Date 2024-01-13 08:15 | Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-13 08:15 |

