

Final Prescription Glasses

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	:	2024-01-17			

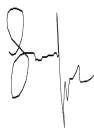
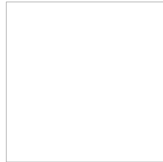
EYE CLINIC عيادة العيون

نظارات



R					L				
Shp	Cyl	Axis	Visual Acuity		Shp	Cyl	Axis	Visual Acuity	
hgg	gghjhg	jhgj	hjhj	Distance	ghjhgjghjj	jghjghjgh	jhgjhgjgh	hgjhgjghghg	
jgjghj	jghjhgjgh	jhgjh	jhgjhg	Near	hgjghjhgjhg	jghjhgj	jghjhgjghj	jhgjh	
ADD : ghjghjhgjhg					ADD : jhgjhg				
DEC : jghjgh					DEC : hgjh				
FORM : jghjghjhg					TINT : hgjghj				
TYPE OF LENS : jghjghj									
SEG DETAILS : ghjhghjh					IPD : hgjhghjhghjh mm				
LENS SIZE : jghjhghjh		LENS SHAPE : jhgjghj			DISTANCE CENTRES : ghjhgg		NEAR CENTRES : hjghj		
Please bring this card for the next Visit					يرجى إحضار هذه البطاقة للزيارة القادمة				
Remarks : hgjghjghjghjghj									

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

Patient	Doctor
	
Patient Name sai krishna Date 2024-01-17	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-17

