
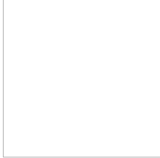


## Template 2

Patient Name	:	Reshma Siya			Emirates ID	:	784-6478-3648736-8	
File No	:	4	DOB	:	1995-05-21	Nationality	:	Other
Gender	:	Female	Doctor's Name	:	Ophthalmology Doctor	Date	:	2024-02-16



Notes \*

Sign here, only if all of your questions have been answered to your satisfaction	
Patient	Doctor
	
Patient Name Reshma Siya  Date 2024-02-16	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45)  Date 2024-02-16