

Refraction Form

Refraction Form								
Patient Name	:	Aswathi Vipin				Emirates ID	:	784-2543-5254612-1
File No	:	1	DOB	:	1991-11-21	Nationality	:	Indian
Gender	:	Female	Doctor's Name	:	Opthalmology Doctor	Date	:	2024-02-29

Visual Acuity

TYPE:Monthly

OD:

PH: :

GLS:

CL:

OS:

PH: :

GLS:

CL:

Pachymetry

Glasses Prescription

OD:um.

Glass1:

Glass2:

um.

um.

OD:um.

Dominant Eye

☐ OD

☐ OS

Subjective1/1/1900 12:00:00 AM

OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	Remarks	
OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	NAME	Remarks

Cylco1/1/1900 12:00:00 AM

OD Sph	Cyl;	Axs	VA	ADD	Va	PH:			Remarks
OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	NAME		Remarks

Dry Test1/1/1900 12:00:00 AM

OD Sph	Cyl;	Axs	VA	ADD	Va	PH:			Remarks
OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	NAME		Remarks

Auto Refraction Photo

Cyclo Photo

Dry Test Photo

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

PATIENT

DOCTOR



<div>Patient Name Aswathi Vipin</div> <div>Date 2024-02-29 (19:15 - 19:30)</div>	<div>Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45)</div> <div>Date 2024-02-29 (19:15 - 19:30)</div>
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