
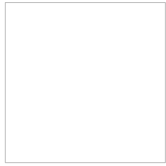


## Orthoptic Evaluation

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	:	2024-01-13			

EXTRA OCULAR MUSCLES	OD :s	OS:s
HIRSCHBERG CORNEAL REFLEX TEST	s Diopters	
EXTRA OCULAR MUSCLES	UNAIDED AIDED	DISTANCES DISTANCES NEARs NEARs
PRISM BAR COVER TEST	DISTANCESΔ	NEARsΔ
WORTH FOUR DOT TEST	s Diopters	
STEREO ACUITY TEST	s Diopters	
NOTES	s Diopters	

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