

Pre Operative CheckList

Patient Name	:	Aswathi Vipin	Emirates ID	:	784-2543-5254612-1
File No	:	1	DOB	:	1991-11-21
Gender	:	Female	Doctor's Name	:	Ophthalmology Doctor
			Date	:	2024-01-20



مراكز الشرف للعيون
SHARIF EYE CENTERS
Amman . Dubai . Doha

Name : Aswathi Vipin

File Number : 1

Date : 2024-01-20

Payment Received By :

Consent Secured :

Patient Prepared By :

Known Allergies :

☐ No Make-up

☐ No Valuables

Mark Surgical Site : ☐ OD ☐ OS ☐ OU

TEST	ORDERED BY	PERFORMED BY
DRY TEST		
TOPOGRAPHY		
TOPOLYZER		
ORA		
IOP		
PACHYMETRY		
DOMINANT EYE		
MARK AXIS <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU		
DILATED EXAM		
OTHERS		

TOPICAL ANESTHESIA

<input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU			
Topical Anesthesia	Administered by	Time	Time

ALCAIN 0.5%			
Notes :			

Sign here, only if all of your questions have been answered to your satisfaction	
Patient	Doctor
	<div></div>
Patient Name Aswathi Vipin Date 2024-01-20	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-20

