



Orthophthc Evaluation

Patient Name	:	tousif toplife	Emirates ID	:	111-1111-1111111-1
File No	:	5	DOB	:	2021-06-16
Nationality	:	Other			
Gender	:	Male	Doctor's Name	:	Ophthalmology Doctor
Date	:	2024-01-13			

EXTRA OCULAR MUSCLES	OD :s	OS :s
HIRSCHBERG CORNEAL REFLEX TEST	sDiopters	
COVER TEST	UNAIDED AIDED	DISTANCEss DISTANCEs NEARs NEARs
PRISM BAR COVER TEST	DISTANCEsΔ	NEARsΔ
WORTH FOUR DOT TEST	s	
STEREO ACUITY TEST	s	
NOTES	s	

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name tousif toplife Date 2024-01-13 14:45	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-13 14:45