
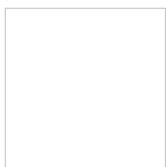


Orthoptic Evaluation

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Gender	:	Female	Doctor's Name	:	Ophthalmology Doctor
			Date	:	2024-01-06

EXTRA OCULAR MUSCLES	OD :s	OS :s
HIRSCHBERG CORNEAL REFLEX TEST	sDiopters	
COVER TEST	UNAIDED AIDED	DISTANCES 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 Reshma Siya Date 2024-01-06 10:30	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-06 10:30