

## Refraction Form

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Nationality	:	Indian			
Gender	:	Male	Doctor's Name	:	Ophthalmology Doctor
Date	:	2024-01-24			

Visual Acuity

TYPE:

OD: PH: :0.3  
OS: PH: :0.2

GLS: CL:  
GLS: CL:

Pachymetry

Glasses Prescription

Glass1:

Glass2:

OD:um.

[Glass1 Fileum.](#)

um.

OD:um.

Dominant Eye

☐ OD

☐ OS

Subjective1/24/2024 12:00:00 AM

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

Cylco1/24/2024 12:00:00 AM

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

Dry Test1/24/2024 12:00:00 AM

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

Auto Refraction Photo

Cyclo Photo

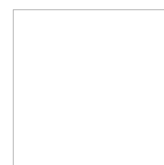
Dry Test Photo

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

PATIENT

DOCTOR





<div>Patient Name</div> <div>Alston Rebello</div> <div>Date</div> <div>2024-01-24 11:45</div>	<div>Doctor Name</div> <div>Ophthalmology Doctor - Ophthalmology (Oph45)</div> <div>Date</div> <div>2024-01-24 11:45</div>
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