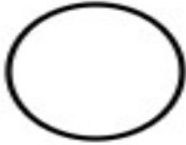
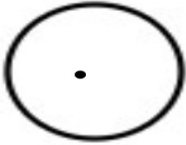



Nomogram Data								
Patient Name	:	sai krishna			Emirates ID	:	784-8666-6666666-7	
File No	:	8	DOB	:	1996-09-25	Nationality	:	Other
Gender	:	Male	Doctor's Name	:	Ophthalmology Doctor	Date	:	2024-04-23

Dry Test							
		Axs	VA	ADD	VA	PH	
OD Sph :	Cyl :						Remarks :
OS Sph :	Cyl :						Name : Remarks :
Nomogram Data :				Operation Dates : 4/23/2024 12:00:00 AM			
OD :				OS :			
Sph :				Sph :			
Cyl :		Axs :		Cyl :		Axs :	
F.T :				F.T :			
BCL :				BCL :			
							
U/C : <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> F				U/C : <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> F			
X :		Y :		X :		Y :	
Remarks : sddf							

Sign here, only if all of your questions have been answered to your satisfaction	
Patient	Doctor
	
Patient Name sai krishna Date 2024-04-23	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-04-23