



Final Prescription Contact Lenses

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Gender	:	Male	Doctor's Name	:	Ophthalmology Doctor
			Date	:	2024-02-17

EYE	RE	LE
Power	dfsghgfh	fghfgh
Diameter	fghfghfg	hfg
Base Curve	hfhghfhgf	fghfghgfh
Visual Acuity - CC/SC	hfhghfh	fghfgh
Type Of Lens	gfhfghfgh	

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

Patient	Doctor
	
Patient Name Alston Rebello Date 2024-02-17	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-02-17