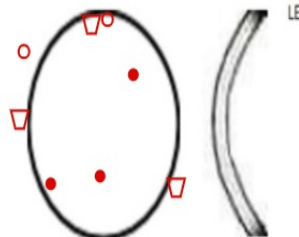
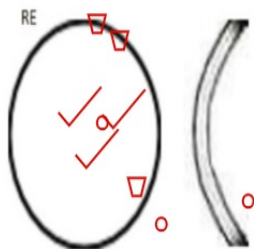


## Template 2

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	:	2024-03-09



Notes \*  
dfdf

Sign here, only if all of your questions have been answered to your satisfaction	
Patient	Doctor
	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>
Patient Name Reshma Siya  Date 2024-03-09	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45)  Date 2024-03-09