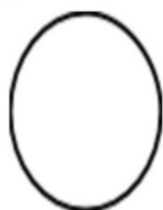


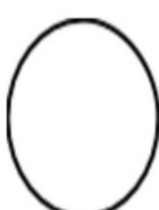
## Template 3

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	:	2024-02-16



RE



LE



Notes:

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
<p style="text-align: center;">Patient Name Reshma Siya</p> <p style="text-align: center;">Date 2024-02-16 (11:30 - 11:45 )</p>	<p style="text-align: center;">Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45)</p> <p style="text-align: center;">Date 2024-02-16 (11:30 - 11:45 )</p>