



## Orthoptic Evaluation

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Gender	:	Male	Doctor's Name	:	Ophthalmology Doctor
			Date	:	2024-01-17

EXTRA OCULAR MUSCLES	OD :s	OS :s
HIRSCHBERG CORNEAL REFLEX TEST	sDiopters	
COVER TEST	DISTANCE s DISTANCE s	NEAR s NEAR s
PRISM BAR COVER TEST	DISTANCEsΔ	NEARsΔ
WORTH FOUR DOT TEST	s	
STEREO ACUITY TEST	s	
NOTES	s	

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name sai krishna  Date 2024-01-17 09:45	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45)  Date 2024-01-17 09:45