
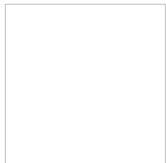


Orthoptic Evaluation

Patient Name	:	silpa rani silpa			Emirates ID	:	784-3428-9977222-2	
File No	:	6	DOB	:	2023-11-13	Nationality	:	Indian
Gender	:	Female	Doctor's Name	:	Ophthalmology Doctor	Date	:	2024-01-13

EXTRA OCULAR MUSCLES		OD :s		OS :s	
HIRSCHBERG CORNEAL REFLEX TEST		sDiopters			
COVER TEST	UNAIDED AIDED	DISTANCES	NEARs		
		DISTANCES	NEARs		
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 silpa rani silpa Date 2024-01-13 11:45	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-13 11:45