
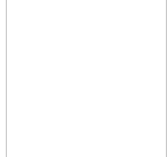


Ptosis Evaluation

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Nationality	:	Other			
Gender	:	Male	Doctor's Name	:	Ophthalmology Doctor
Date	:	2024-01-04			

	OD	OS
SEVERITY		
MARGINAL REFLEX DISTANCE I	mm	mm
MARGINAL REFLEX DISTANCE II	mm	mm
PALPEBRAL FISSURE HEIGHT	mm	mm
LEVATOR PALPEBRAL SUPERIORIS FUNCTION	mm	mm
UPPER EYE LID CREASE	mm	mm
JAW WINKING PHENOMENON	mm	mm
LAGOPHTHALMOSIS	mm	mm
NOTES	s	

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

PATIENT	DOCTOR
	
Patient Name sai krishna Date 2024-01-04 21:00	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-04 21:00