

## Refraction Form

Patient Name	:	Reshma S Fathima	Emirates ID	:	111-1111-1111111-1
File No	:	16	DOB	:	1999-03-17
Nationality	:	Panamanian			
Gender	:	Female	Doctor's Name	:	Ophthalmology Doctor
Date	:	2024-01-23			

Visual Acuity

TYPE:Daily

OD:HM +  
OS: 0.6 +

PH: : ++  
PH: :0.5 ++

GLS: HM -  
GLS: 0.6 +

CL: NLP -  
CL: 0.6 +

Pachymetry

OD:sum.  
OD:sum.

Glasses Prescription  
Glass1:um.

Glass2:um.

Dominant Eye

☒ OD

☒ OS

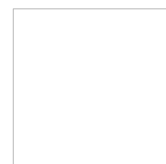
Subjective12/31/2023 12:00:00 AM

OD Sphs	Cyl; s	Axs 166	VA s -	ADD +0.5	Va 0.5 ++	PH: 0.6 -	Remarks s
OD Sphs	Cyl; s	Axs	VA 0.4 +	ADD +1.25	Va 0.5 DEFAULT	PH: 0.5 ++	NAMEs Remarks s

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

PATIENT

DOCTOR

Patient Name  
Reshma S Fathima

Date  
2024-01-23 12:45

Doctor Name  
Ophthalmology Doctor - Ophthalmology (Oph45)

Date  
2024-01-23 12:45