

## Pre Operative CheckList

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



Name : sai krishna

File Number : 8

Date : 2024-01-17

Payment Received By : hgfhgfh

Consent Secured : gfhgfhgfhg

Patient Prepared By : ghgfhgfh

Known Allergies : gfhgfh

☒ No Make-up


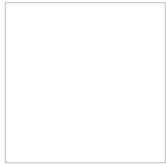
☒ No Valuables

Mark Surgical Site : ☒ OD ☒ OS ☒ OU

TEST	ORDERED BY	PERFORMED BY
DRY TEST	ghgfh	ghgfh
TOPOGRAPHY	hfg	gfhgfh
TOPOLYZER	fghfgh	fghgfh
ORA	fghfgh	gfhgfh
IOP	fghgfh	fghfgh
PACHYMETRY	gfhgfh	fghhgfh
DOMINANT EYE	ghgfh	ghgfh
MARK AXIS <input checked="" type="checkbox"/> OD <input checked="" type="checkbox"/> OS <input checked="" type="checkbox"/> OU	gfhgfh	fghfgh
DILATED EXAM	gfhgfh	gfhgfh
OTHERS	gfhgfh	fghgfh

### TOPICAL ANESTHESIA

<input checked="" type="checkbox"/> OD <input checked="" type="checkbox"/> OS <input checked="" type="checkbox"/> OU			
Topical Anesthesia	Administered by	Time	Time
ALCAIN 0.5%	ghfghgfh	fghfghgfh	gfhgfhgfh
Notes : gfhgfhgfhgfh			

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

