

Final Prescription Glasses

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	:	2024-01-12			


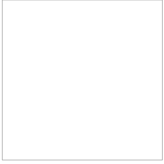
EYE CLINIC عيادة العيون

نظارات



R					L				
Shp	Cyl	Axis	Visual Acuity		Shp	Cyl	Axis	Visual Acuity	
p	p	p	p	Distance	p	p	p	p	
p	p	p	p	Near	p	p	p	p	
ADD : p					ADD : p				
DEC : p					DEC : p				
FORM : p					TINT : p				
TYPE OF LENS : p									
SEG DETAILS : p					IPD : p mm				
LENS SIZE : p			LENS SHAPE : p		DISTANCE CENTRES : p			NEAR CENTRES : p	
Please bring this card for the next Visit					يرجى إحضار هذه البطاقة للزيارة القادمة				
Remarks : pppppppppp									

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

Patient	Doctor
	
Patient Name sai krishna Date 2024-01-12	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-12

