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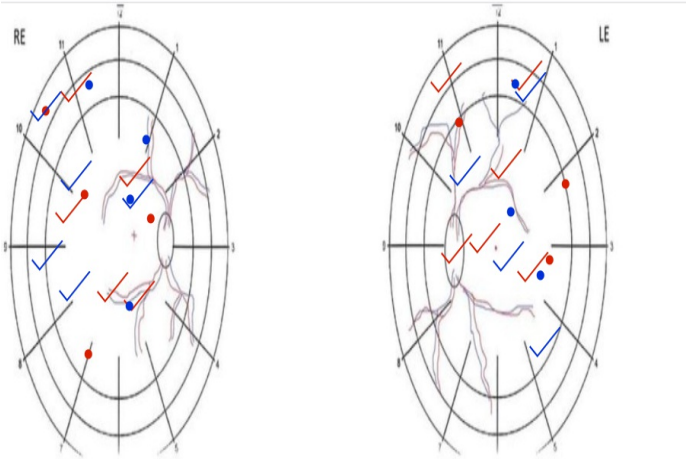
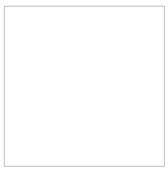
Template 4

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



Notes:vvv

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 Opthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-04 21:00

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