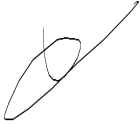
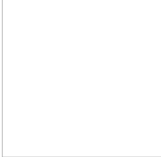


Orthoptic Evaluation

Patient Name	:	Aswathi Vipin	Emirates ID	:	784-2543-5254612-1
File No	:	1	DOB	:	1991-11-21
Gender	:	Female	Doctor's Name	:	Ophthalmology Doctor
			Date	:	2024-01-13

EXTRA OCULAR MUSCLES	OD :s	OS :s
HIRSCHBERG CORNEAL REFLEX TEST	sDiopters	
COVER TEST	UNAIDED AIDED	DISTANCES DISTANCES NEARs NEARs
PRISM BAR COVER TEST	DISTANCESΔ	NEARsΔ
WORTH FOUR DOT TEST	s	
STEREO ACUITY TEST	s	
NOTES	s	

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Aswathi Vipin Date 2024-01-13 13:00	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-13 13:00