

Refraction Form

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Nationality	:	Indian			
Gender	:	Male	Doctor's Name	:	Ophthalmology Doctor
Date	:	2024-02-17			

Visual Acuity

TYPE:Monthly

OD:0.3 ++
OS: 0.15 -

PH: :0.3 --
PH: :0.16 ++

GLS: 0.5 ++
GLS: 0.2 -

CL: 0.5 -
CL: 0.4 +

Pachymetry

Glasses Prescription

Glass1:

Glass2:

OD:dfdum.

slimming sheet.xlsxum.

REGENERA TREATMENT Consent
Form (Nabidh).docxum.

OD:dfdfum.

Dominant Eye

☒ OD

☐ OS

Subjective1/13/2024 12:00:00 AM

OD Sph	dfdf	Cyl;	Axs	VA	ADD	Va	PH:	Remarks
			165	dfdf		0.6	0.6	dfd
				++		+	-	
OD Sph	dfdf	Cyl;	Axs	VA	ADD	Va	PH:	Remarks
			166	0.4	+1	0.5	DEFAULT	NAMEdfdf
				++		++	++	dfd

Cylco2/19/2024 12:00:00 AM

OD Sph	dfdf	Cyl;	Axs	VA	ADD	Va	PH:	Remarks
			166	0.7	DEFAULT	NLP	NLP	dfd
				+		++		
OD Sph	dfdf	Cyl;	Axs	VA	ADD	Va	PH:	Remarks
				HM	+3.75	HM	HM	NAMEdfdf
				+		++	+	dfd

Dry Test1/13/2024 12:00:00 AM


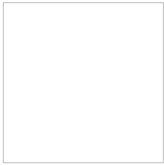
OD Sph	dfdf	Cyl;	Axs	VA	ADD	Va	PH:	Remarks
			165	0.6	+0.75	0.3	0.5	dfd
				++		++	+	
OD Sph	dfdf	Cyl;	Axs	VA	ADD	Va	PH:	Remarks
			165	0.4	+1.5	0.16	0.4	NAMEdfdf
				+		+	++	dff

Auto Refraction Photo
slimming sheet.xlsx

Cyclo Photo
LIPOLYSIS INJECTION Consent
form - (Nabidh).docx

Dry Test Photo
HIJJAMA consent form-
Nabidh.docx

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

PATIENT	DOCTOR
	
<div>Patient Name Alston Rebello</div> <div>Date 2024-02-17 (18:15 - 18:30)</div>	<div>Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45)</div> <div>Date 2024-02-17 (18:15 - 18:30)</div>

