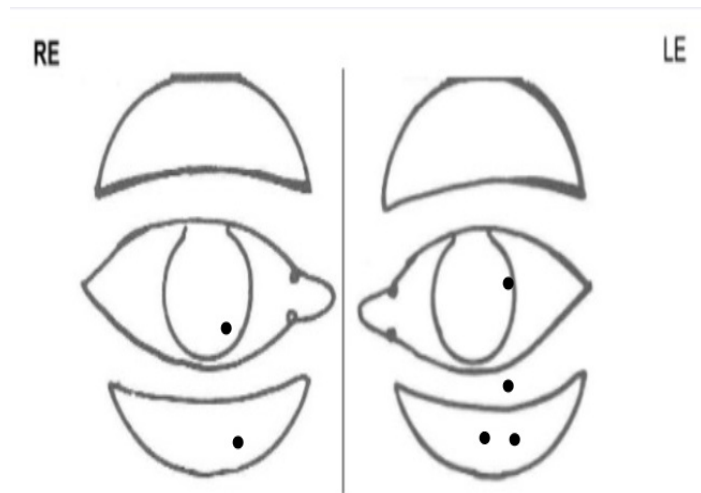




## Template 1

|              |   |             |               |   |                      |
|--------------|---|-------------|---------------|---|----------------------|
| Patient Name | : | Reshma Siya | Emirates ID   | : | 784-6478-3648736-8   |
| File No      | : | 4           | DOB           | : | 1995-05-21           |
| Gender       | : | Female      | Doctor's Name | : | Ophthalmology Doctor |
|              |   |             | Date          | : | 2024-02-28           |



Notes \*  
cvvbcvb

|  |  |
|--|--|
| Sign here, only if all of your questions have been answered to your satisfaction                       |  |
| <div>Patient</div>  | <div>Doctor</div>               |
| <div>Patient Name</div> <div>Reshma Siya</div> <div>Date</div> <div>2024-02-28</div>                   | <div>Doctor Name</div> <div>Ophthalmology Doctor - Ophthalmology (Oph45)</div> <div>Date</div> <div>2024-02-28</div> |