

## Pre Operative CheckList

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



Name : Reshma Siya

File Number : 4

Date : 2024-02-28

Payment Received By :

Consent Secured :

Patient Prepared By :

Known Allergies :

☐ No Make-up

☐ No Valuables

Mark Surgical Site : ☐ OD ☐ OS ☐ OU

TEST	ORDERED BY	PERFORMED BY
DRY TEST		
TOPOGRAPHY		
TOPOLYZER		
ORA		
IOP		
PACHYMETRY		
DOMINANT EYE		
MARK AXIS <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU		
DILATED EXAM		
OTHERS		

### TOPICAL ANESTHESIA

<input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU			
Topical Anesthesia	Administered by	Time	Time
ALCAIN 0.5%			

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

