

Refraction Form

Refraction Form									
Patient Name		Aswathi Vipin				Emirates ID		784-2543-5254612-1	
File No		1	DOB		1991-11-21		Nationality		Indian
Gender		Female	Doctor's Name		Ophthalmology Doctor		Date		2024-03-04

Visual Acuity

TYPE:Daily

OD:0.3 +
OS: 0.4 ++

PH: :0.4 ++
PH: :0.4 ++

GLS: 0.4 +
GLS: 0.5 ++

CL: 0.4 -
CL: 0.5 ++

Pachymetry

Glasses Prescription

OD:um.

Glass1:

Glass2:

um.

um.

OD:um.

Dominant Eye

☐ OD

☐ OS

Subjective1/1/1900 12:00:00 AM

OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	Remarks	
OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	NAME	Remarks

Cylco1/1/1900 12:00:00 AM

OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	Remarks	
OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	NAME	Remarks

Dry Test1/1/1900 12:00:00 AM

OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	Remarks	
OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	NAME	Remarks

Auto Refraction Photo

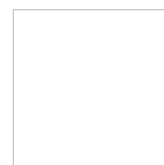
Cyclo Photo

Dry Test Photo

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

PATIENT

DOCTOR

<div>Patient Name Aswathi Vipin</div> <div>Date 2024-03-04 (08:45 - 09:00)</div>	<div>Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45)</div> <div>Date 2024-03-04 (08:45 - 09:00)</div>
---	---

