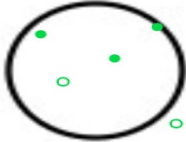



Nomogram Data

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	:	2024-03-11

Dry Test							
		Axs	VA	ADD	VA	PH	
OD Sph :	Cyl :						Remarks :
OS Sph :	Cyl :						Name : Remarks :
Nomogram Data :				Operation Dates : 3/11/2024 12:00:00 AM			
OD :				OS :			
Sph :				Sph :			
Cyl :		Axs :		Cyl :		Axs :	
F.T :				F.T :			
BCL :				BCL :			
							
U/C : <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> F				U/C : <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> F			
X :		Y :		X :		Y :	
Remarks : ccc							

Sign here, only if all of your questions have been answered to your satisfaction	
Patient	Doctor
	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>
Patient Name Reshma Siya Date 2024-03-11	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-03-11

