

Discharge Plan Of Care


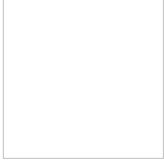
Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Nationality	:	Other			
Gender	:	Male	Doctor's Name	:	Ophthalmology Doctor
Date	:	2024-01-19			

Name : sai krishna

File Number : 8

Date : 2024-01-19

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

Patient	Doctor
	
Patient Name sai krishna Date 2024-01-19	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-19