

## Pre Operative CheckList

Patient Name	:	Alston Rebello	Emirates ID	:	784-1991-2906159-3
File No	:	17	DOB	:	1996-06-20
Gender	:	Male	Doctor's Name	:	Ophthalmology Doctor
			Date	:	2024-02-17



Name : Alston Rebello

File Number : 17

Date : 2024-02-17

Payment Received By :

Consent Secured :

Patient Prepared By :

Known Allergies :

☒ No Make-up

☐ No Valuables


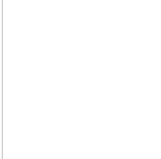
Mark Surgical Site : ☐ OD ☐ OS ☐ OU

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

### TOPICAL ANESTHESIA

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

Notes :

Sign here, only if all of your questions have been answered to your satisfaction	
Patient	Doctor
	
Patient Name Alston Rebello  Date 2024-02-17	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45)  Date 2024-02-17

