

Final Prescription Glasses

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	:	2024-01-13			



EYE CLINIC عيادة العيون

نظارات



R				L			
Shp	Cyl	Axis	Visual Acuity	Shp	Cyl	Axis	Visual Acuity
ADD :				ADD :			
DEC :				DEC :			
FORM :				TINT :			
TYPE OF LENS :							
SEG DETAILS :				IPD : mm			
LENS SIZE :		LENS SHAPE :		DISTANCE CENTRES :		NEAR CENTRES :	
Please bring this card for the next Visit				يرجى إحضار هذه البطاقة للزيارة القادمة			
Remarks :							

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

Patient	Doctor
	
Patient Name sai krishna Date 2024-01-13	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-13

