



## Final Prescription Contact Lenses

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Gender	:	Male	Doctor's Name	:	Ophthalmology Doctor
			Date	:	2024-01-11

EYE	RE	LE
Power	sae	XZCXZCXZ
Diameter	CXZCXZC	CXZCXZCX
Base Curve	XZCXZCXZCXZCC	ZCXZCXZC
Visual Acuity - CC/SC	XZCXZCXZ	XCXC
Type Of Lens	CXZCXZCXZC	

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

Patient	Doctor
	
Patient Name sai krishna  Date 2024-01-11	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45)  Date 2024-01-11