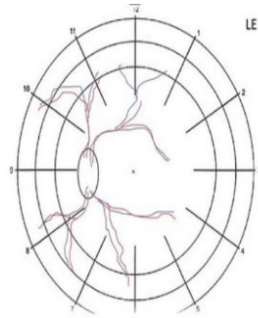
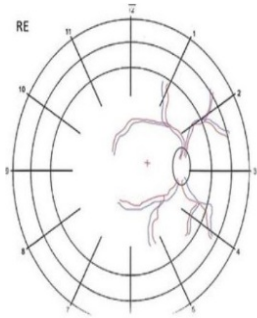

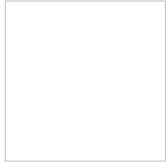


Template 4

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	:	2024-02-16



Notes:

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT 	DOCTOR 
Patient Name Reshma Siya Date 2024-02-16 (11:30 - 11:45)	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-02-16 (11:30 - 11:45)