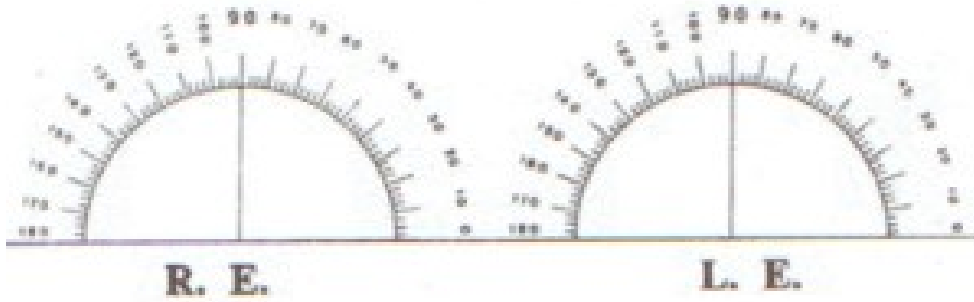


Final Prescription Glasses

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


EYE CLINIC عيادة العيون

نظارات



R					L				
Shp	Cyl	Axis	Visual Acuity		Shp	Cyl	Axis	Visual Acuity	
				Distance					
				Near					
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
	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>

Patient Name
Alston Rebello

Date
2024-02-17

Doctor Name
Ophthalmology Doctor - Ophthalmology (Oph45)

Date
2024-02-17

