
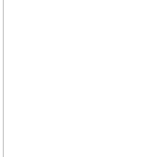


Ptosis Evaluation

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	:	2024-01-11			

	OD	OS
SEVERITY		
MARGINAL REFLEX DISTANCE I	smm	smm
MARGINAL REFLEX DISTANCE II	smm	smm
PALPEBRAL FISSURE HEIGHT	smm	smm
LEVATOR PALPEBRAL SUPERIORIS FUNCTION	smm	smm
UPPER EYE LID CREASE	smm	smm
JAW WINKING PHENOMENON	smm	smm
LAGOPHTHALMOSIS	smm	smm
NOTES	s	

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name sai krishna Date 2024-01-11 09:15	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-11 09:15