

Refraction Form

Patient Name	:	tousif toplife		Emirates ID	:	111-1111-1111111-1				
File No	:	5	DOB	:	2021-06-16		Nationality	:	Other	
Gender	:	Male	Doctor's Name	:	Ophthalmology Doctor		Date	:	2024-01-23	

Visual Acuity

TYPE:Daily

OD:0.4 ++

PH: :0.5 -

GLS: 0.7 +

CL: 0.7 +

OS: 0.5 +

PH: :0.4 ++

GLS: 0.5 +

CL: 0.6 +

Pachymetry

Glasses Prescription

OD:sum.

Glass1:

Glass2:

um.

um.

OD:sum.

Dominant Eye

☒OD

☒OS

Subjective1/1/2024 12:00:00 AM

OD Sphs	Cyl; s	Axs 166	VA s +	ADD +0.5	Va 0.6 +	PH: 0.5 DEFAULT	Remarks s
OD Sphs	Cyl; s	Axs 165	VA 0.6 ++	ADD +0.25	Va 0.5 +	PH: 0.5 ++	NAMEs Remarks s

Cylco1/23/2024 12:00:00 AM

OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	Remarks
OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	NAME Remarks

Dry Test1/23/2024 12:00:00 AM

OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	Remarks
OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	NAME Remarks

Auto Refraction Photo

Cyclo Photo

Dry Test Photo

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

	<div></div>
<div>Patient Name tousif toplife Date 2024-01-23 14:15</div>	<div>Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-23 14:15</div>

