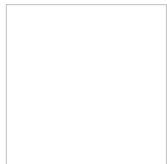


Ptosis Evaluation

| | | | | | |
|--------------|---|-------------|---------------|---|----------------------|
| 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 | : | 2024-02-27 | | | |

| | OD | OS |
|---------------------------------------|----|----|
| SEVERITY | | |
| MARGINAL REFLEX DISTANCE I | mm | mm |
| MARGINAL REFLEX DISTANCE II | mm | mm |
| PALPEBRAL FISSURE HEIGHT | mm | mm |
| LEVATOR PALPEBRAL SUPERIORIS FUNCTION | mm | mm |
| UPPER EYE LID CREASE | mm | mm |
| JAW WINKING PHENOMENON | mm | mm |
| LAGOPHTHALMOSIS | mm | mm |
| NOTES | SS | |

| | |
|--|--|
| Sign here, only if all of your questions have been answered to your satisfaction | |
| PATIENT | DOCTOR |
| |  |
| Patient Name sai krishna Date 2024-02-27 (09:30 - 09:45) | Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-02-27 (09:30 - 09:45) |