

Refraction Form

Patient Name	:	Reshma Siya			Emirates ID	:	784-6478-3648736-8					
File No	:	4	DOB	:	1995-05-21			Nationality	:	Other		
Gender	:	Female	Doctor's Name	:	Ophthalmology Doctor			Date	:	2024-03-09		

Visual Acuity

TYPE:

OD:

PH: :

GLS:

CL:

OS:

PH: :

GLS:

CL:

Pachymetry

Glasses Prescription

Glass1:

Glass2:

OD:um.

TreatmentRecordSheet.csum.

um.

OD:um.

Dominant Eye

☐ OD

☐ OS

Subjective1/1/1900 12:00:00 AM

OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	Remarks
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OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	NAME	Remarks
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Cylco1/1/1900 12:00:00 AM

OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	Remarks
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OD Sph	Cyl;	Axs	VA	ADD	Va	PH:	NAME	Remarks
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Dry Test1/1/1900 12:00:00 AM

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

Cyclo Photo
2024\March\09\Cyclo-
20240309184927.png

Dry Test Photo
2024\March\09\DryTest-
20240309184927.cs

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

PATIENT

DOCTOR

	<div></div>
<div>Patient Name Reshma Siya</div> <div>Date 2024-03-09 (10:15 - 10:30)</div>	<div>Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45)</div> <div>Date 2024-03-09 (10:15 - 10:30)</div>

