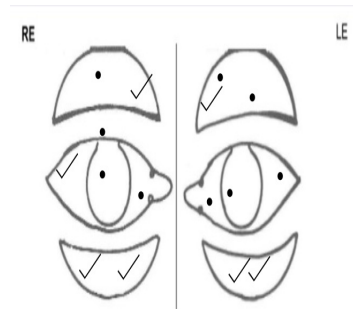

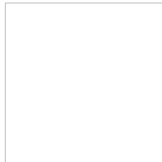


Template 1

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Gender	:	Female	Doctor's Name	:	Ophthalmology Doctor
			Date	:	2024-01-20



Note*
fghfghfghfdhdfh

Sign here, only if all of your questions have been answered to your satisfaction	
<div>Patient</div> 	<div>Doctor</div> 
<div>Patient Name Reshma Siya</div> <div>Date 2024-01-20</div>	<div>Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45)</div> <div>Date 2024-01-20</div>