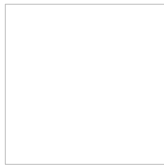


Orthoptic Evaluation

Patient Name	:	Reshma Reshma	Emirates ID	:	111-1111-1111111-1
File No	:	14	DOB	:	2019-07-24
Gender	:	Female	Doctor's Name	:	Ophthalmology Doctor
			Date	:	2024-01-03

EXTRA OCULAR MUSCLES		OD :s	OS :s
HIRSCHBERG CORNEAL REFLEX TEST		sDiopters	
COVER TEST	UNAIDED AIDED	DISTANCES DISTANCES	NEARs NEARs
PRISM BAR COVER TEST		DISTANCESΔ	NEARsΔ
WORTH FOUR DOT TEST		ss	
STEREO ACUITY TEST		s	
NOTES		ssss	

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

PATIENT	DOCTOR
	
Patient Name Reshma Reshma Date 2024-01-03 20:00	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-03 20:00