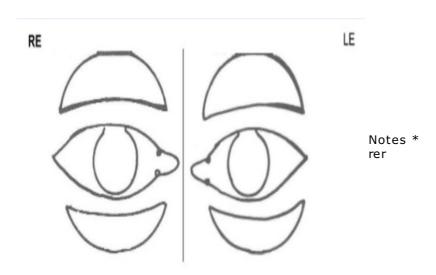
Template 1									
Patient Name	:	Reshma Siya			Emirates ID	:	784-6478-3648736-8		
File No	:	4	DOB	:	1995-05-21	Nationality	•••	Other	
Gender	:	Female	Doctor's Name	:	Opthalmology Doctor	Date	:	2024-03-04	



Sign here, only if all of your questions have been answered to your satisfaction							
Patient	Doctor						
Patient Name Reshma Siya	Doctor Name Opthalmology Doctor - Ophthalmology (Oph45)						
Date 2024-03-04	Date 2024-03-04						

