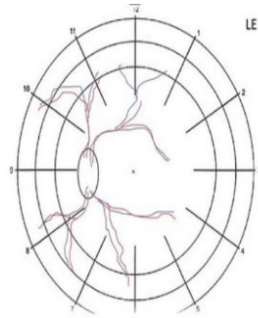
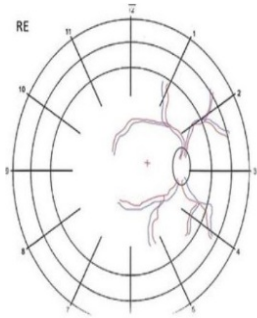


## Template 4

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	:	2024-03-04



Notes: bh

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>
Patient Name Reshma Siya  Date 2024-03-04 (19:45 - 20:00 )	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45)  Date 2024-03-04 (19:45 - 20:00 )