



Orthoptic Evaluation

Patient Name	:	Aswathi Vipin	Emirates ID	:	784-2543-5254612-1
File No	:	1	DOB	:	1991-11-21
Gender	:	Female	Doctor's Name	:	Ophthalmology Doctor
			Date	:	2024-02-29

EXTRA OCULAR MUSCLES	OD :u	OS :u
HIRSCHBERG CORNEAL REFLEX TEST	uDiopters	
COVER TEST	UNAIDED AIDED	DISTANCE u DISTANCE u NEAR u NEAR u
PRISM BAR COVER TEST	DISTANCEuΔ	NEARuΔ
WORTH FOUR DOT TEST	u	
STEREO ACUITY TEST	u	
NOTES	u	

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name Aswathi Vipin Date 2024-02-29 (19:15 - 19:30)	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-02-29 (19:15 - 19:30)