



Ptosis Evaluation

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Nationality	:	Other			
Gender	:	Male	Doctor's Name	:	Ophthalmology Doctor
Date	:	2024-01-12			

	OD	OS
SEVERITY		
MARGINAL REFLEX DISTANCE I	ssmm	ssmm
MARGINAL REFLEX DISTANCE II	ssmm	ssmm
PALPEBRAL FISSURE HEIGHT	ssmm	ssmm
LEVATOR PALPEBRAL SUPERIORIS FUNCTION	ssmm	ssmm
UPPER EYE LID CREASE	ssmm	ssmm
JAW WINKING PHENOMENON	ssmm	ssmm
LAGOPHTHALMOSIS	ssmm	ssmm
NOTES	SS	

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name sai krishna Date 2024-01-12 12:00	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-12 12:00