
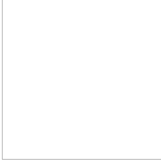


## Orthoptic Evaluation

Patient Name	:	sai krishna	Emirates ID	:	784-8666-6666666-7
File No	:	8	DOB	:	1996-09-25
Gender	:	Male	Doctor's Name	:	Ophthalmology Doctor
			Date	:	2024-01-13

EXTRA OCULAR MUSCLES	OD :ss	OS :ss
HIRSCHBERG CORNEAL REFLEX TEST	ssDiopters	
COVER TEST	UNAIDED AIDED	DISTANCEss DISTANCEss NEARss NEARssss
PRISM BAR COVER TEST	DISTANCEsssΔ	NEARsssΔ
WORTH FOUR DOT TEST	ss	
STEREO ACUITY TEST	ss	
NOTES	ss	

Sign here, only if all of your questions have been answered to your satisfaction	
PATIENT	DOCTOR
	
Patient Name sai krishna  Date 2024-01-13 09:00	Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45)  Date 2024-01-13 09:00