

Refraction Form

Refraction Form								
Patient Name	:	Alston Rebello			Emirates ID	:	784-1991-2906159-3	
File No	:	17	DOB	:	1996-06-20	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	Opthalmology Doctor	Date	:	2024-01-23

Visual Acuity

TYPE:Monthly

OD:0.6 +
OS:

PH: :0.6 +
PH: :0.6 -

GLS: 0.6 +
GLS: 0.5

CL: 0.6
CL: 0.6

Pachymetry

Glasses Prescription

Glass1:

Glass2:

OD:dum.

DERMATOLOGY-General Consent (Nabidh).docxum.

HIJJAMA consent form-Nabidh.docxum.

OD:dum.

Dominant Eye

☒ OD

☒ OS

Subjective2/9/2024 12:00:00 AM

OD Sphd	Cyl; d	Axs 166	VA d +	ADD +0.25	Va 0.6 +	PH: 0.6 -	Remarks d
OD Sphd	Cyl; d	Axs	VA 0.5 +	ADD +0.5	Va 0.5 +	PH: 0.5 +	NAMED Remarks d

Cylco1/10/2024 12:00:00 AM

OD Sphd	Cyl; d	Axs 166	VA 0.6 ++	ADD +3.25	Va 0.6 +	PH: 0.6 +	Remarks d
OD Sphd	Cyl; d	Axs 165	VA 0.5 ++	ADD +0.75	Va 0.3 ++	PH: 0.5	NAMED Remarks d

Dry Test12/31/2023 12:00:00 AM


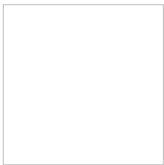
OD Sphd	Cyl; d	Axs DEFAULT	VA 0.4 +	ADD +0.75	Va 0.5 DEFAULT	PH: 0.5 +	Remarks d
OD Sphd	Cyl; d	Axs 166	VA 0.4 DEFAULT	ADD +1.25	Va 0.4 ++	PH: 0.4 +	NAMED Remarks d

Auto Refraction Photo
IV DRIP Consent Form (Nabidh).docx

Cyclo Photo
LASER CONSENT FORM (Nabidh).docx

Dry Test Photo
FACIAL FILLER BOTOX and RRS
LONGLASTING CONSENT FORM-(Nabidh).docx

Sign here, only if all of your questions have been answered to your satisfaction

PATIENT	DOCTOR
	
<div>Patient Name Alston Rebello</div> <div>Date 2024-01-23 11:45</div>	<div>Doctor Name Ophthalmology Doctor - Ophthalmology (Oph45)</div> <div>Date 2024-01-23 11:45</div>

