Orthopthic Evaluation								
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

EXTRA OCULAR MUSCLES		OD:	OS:		
HIRSCHBERG CORNEAL REFLEX TES	ST	Diopters			
COVER TEST	UNAIDED AIDED	DISTANCE DISTANCE	NEAR NEAR		
PRISM BAR COVER TEST		DISTANCEΔ	ΝΕΑΚΔ		
WORTH FOUR DOT TEST					
STEREO ACUITY TEST					
NOTES					

Sign here, only if all of your questions have been answered to your satisfaction				
PATIENT	DOCTOR			
Patient Name Alston Rebello Date 2024-01-23 11:45	Doctor Name Opthalmology Doctor - Ophthalmology (Oph45) Date 2024-01-23 11:45			

