

DISPENSING DETAILS

PD:

Date ཚེས་གྲངས། Power ལྡང་གྲངས།

Comments

R:

L:

R:

L:

R:

L:

R:

L:

NOTES

Name

རུས་མིང།

Year of Birth

སྐྱེ་ལོ།

Sex M/F

ཕོ།

ཚོ།

Place of Birth

སྐྱེས་སེལ་ཡུལ།

Occupation

ལས་ཀ།

Operation R/L

གཡས།

གཡོན།

གཤག་བཅོས།

Has specs Y/N

ཡོད།

མིད།

ཤེལ་མིག་ཡོད་དམ།

Injury Y/N

སྤོང།

མ་སྤོང།

གནོད་འཚོ།

Vision R/L

གཡས།

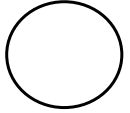
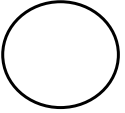
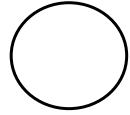
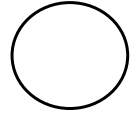
གཡོན།

ཤེལ་མིག་མིང་རུས་མཐོང་རུས།

RIGHT

External Examination & Ophthalmoscopy

LEFT



Lids

Cornea

A/C

Lens

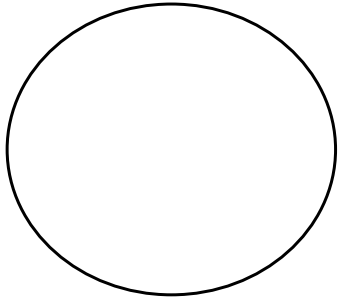
Vitreous

Disc

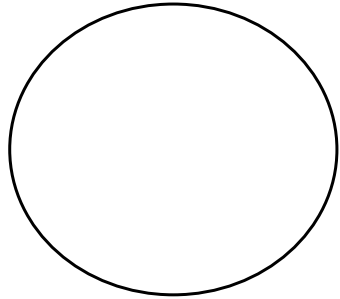
C:D

A:V

Macula



Periphery



Additional Tests

Stereopsis

Titmus

Colour Vision

Ishihara

Fields

Current Rx	R:	/	x	D / N	DATE
	L:	/	x		
	R:	/	x	D / N	Optom
	L:	/	x		

Autorefr.	R:	/	x	I.O.P <small>NCT(mmHg)</small>	R
	L:	/	x		: am/pm

History & Symptoms

C.T. D	Motility	NPC	Pupils R D C N			
N			L D C N			

Ret	R:	/	x	F.D
	L:	/	x	

UVA	SPH	CYL	AXIS	V/A	Bin VA	D Prism	I Add	N Add	V/A
R									
L									

RX Given

	SPH	CYL	AXIS	D PRISM	I ADD	N ADD	N PRISM
R.E							
L.E							

Advice

BVD:

D N DRY ANTIBIOTICS SUN

Recall 6 12 18 24