Dr. James Anderson

Pediatric Ophthalmologist

MBBS, FCPS (Ophthalmology), VR Fellowship (USA), CAAAM

[Hospital or Department Name]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | OD | OS | PD | Lens Type |
| SPH | CYL | AXIS | SPH | CYL | AXIS |
| Distance |  |  |  |  |  |  |  |  |
| Near |  |  |  |  |  |  |  |  |

Days: Mon, Tue, Wed, Thu, Fri

Timings: 05:00 PM - 08:30 PM

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADV: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

123-456-7890, 444-666-8899

Street address here, City State, Zip Code