

**SPECTACLE PRESCRIPTION**

PATIENT NAME : S.FAJULUNNISSA DATE : 13/05/2019 11:58:45 AM  
PATIENT ID : 011112180509140700 GENDER : Female  
AGE : 53 Years

**RIGHT EYE**

**LEFT EYE**

SPH	CYL	AXIS	NV
-1.50	0.00	0	0.00

SPH	CYL	AXIS	NV
-1.00	0.00	0	0.00

IPD : 67

0

THIS SPECTACLE PRESCRIPTION IS VALID FOR CORRECTION ONLY FOR THREE MONTH FROM THE DATE OF CONSULTATION