

Doctor Name:

Test Time:

No.	Patient Name	Gender	Age	Right eye		Left eye	
				Eye Degree	Astigmatism Degree	Eye Degree	Astigmatism Degree
1	F.H	M	42	- 6/9	NO	- 6/12	2-4 ,8-10
2							
3							
4							
5							
6							
7							
8							

Cases Discussion: