

Aravind Eye Hospital - Free Section **Camp Record**

(Run by Govel Trust)

NON :

O.P. No.

I.P. No.

Date :

Room No.

Camp Place

Name :

Age :

Address :

Sex : M / F

Complaints

	Right eye	Left eye
Diagnosis		
Diagnostic Code No.		
Lids		
Conjunctiva		
Cornea		
Anterior Chamber		
Iris		
Pupil		
Lens		
Ocular Movements		
HYPERTENSIVE <input type="checkbox"/>	ONE EYE <input type="checkbox"/>	ALLERGIC TO
CARDIAC <input type="checkbox"/>	DIABETIC <input type="checkbox"/>	

Right eye	Left eye		
		Vision without glasses	
		Vision with glasses	
		Tension	
		Ducts	
B.P.		Urine Sugar	

Fundus