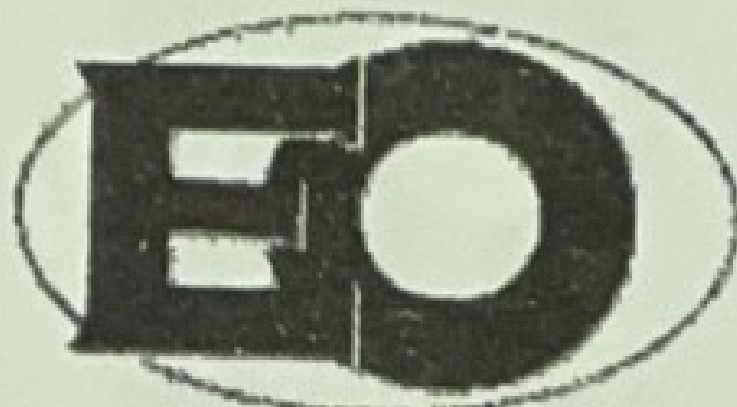




executive optical

BRANCH EO SM Bacolod Kids (and) UP

MEDICAL CERTIFICATE

PATIENT'S NAME Karla Kaye Korab

PATIENT'S ADDRESS BK-27, Paglauran village Bacolod city

PATIENT'S ID NO. _____

BIRTHDATE 10/12/1993

AGE 31

GENDER F

CONTACT LENS / SPECTACLE

Rx

	SPH	CYL	AXIS	ADD	VA
OD	-0.75			-	20/20
OS	-0.75			-	20/20

DIAGNOSIS Myopia / Near sightedness

REMARKS Best corrected visual Acuity 20/20

CHECK-UP DATE 5/14/25

DATE ISSUED 5/14/25

This prescription expires on

5/14/26

or One (1) Year from check-up date written above.

ATTENDING DOCTOR

LICENSE NO.

VANESSA HOLY D. ALVAREZ, O.D.
Lic. No. 0012331
PTR No. 003280

