

Data: .....

Examinado por: .....

TM

Empresa: .....

Nome: ..... Idade: ..... Sexo: .....

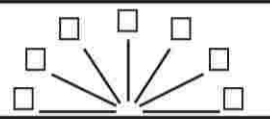
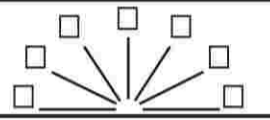
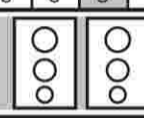
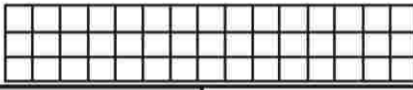
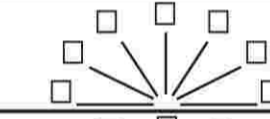
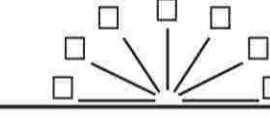
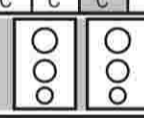
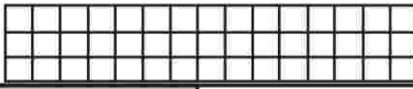
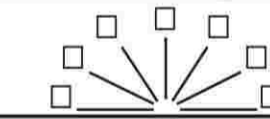
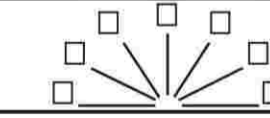
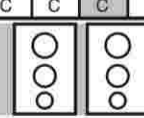
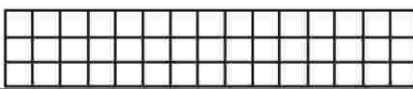
Cargo: ..... Usuário de lentes corretivas SIM  NÃO

Visão de longe OD  OE  Visão de perto OD  OE

Data da última consulta: ..... Observações: .....

Conclusão: .....

Equipamento destinado à avaliação visual. Procure um especialista caso seja necessário.

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