

OP Summary

Aster ID:	700470973	Patient Name:	Mrs. K VIJAYALAKSHMI	Visit Date/Time:	10/08/2023 11:38AM
Gender/Age:	Female/46 Yr 7 Mth 8 Days	Doctor:	Dr. ANISHA ASHOK SHETTY	Department :	OPHTHALMOLOGY

CHIEF COMPLAINTS

FOR GLAUCOMA INVESTIGATIONS

ALLERGIES

No Allergies.

EXAMINATION

DILATED FUNDUS: RE CDR 0.5,HNRR,FR+

LE CDR 0.55,HNRR,FR+

GAT 14 BOTH EYES

HVF RE WNL

LE: FEW DEPRESSED POINTS IN SUPERIOR QUADRANT(?LEARNING DEFECT)

OCT RNFL NORMAL BOTH EYES

PACHY: THICK CORNEA BE

FINAL DIAGNOSIS

REFRACTIVE ERROR

PLAN OF CARE:

REVIEW AFTER 6 MONTHS FOR HVF(24-2) BOTH EYES

ORDERS AND PROCEDURES

1.GLAUCOMA

Follow Up :

Remarks : 6 months

Dr. ANISHA ASHOK SHETTY
MBBS, DOMS, Fellowship in Glaucoma
Specialist
Regn. No. : 114373

IN : 29AACCD7912K1ZD

Invoice Cum Receipt

Aster
CMI HOSPITAL
We'll Treat You Well

Bill No : OP7/CA24/138586

Aster ID : 700470973

Patient Name : Mrs. K VIJAYALAKSHMI

Payer : SELF-ACMI

GSTIN :

Bill Date : 10/08/2023 11:48

Gender/Age : Female/46 Yr 7 Mth

Contact No : 9845875522

State Code 29

Presc. Doctor : Dr. ANISHA ASHOK SHETTY

Referred By : Self

Patient : 6116 PRESTIGE ROYALE GARDEN
Address : AVALAHALLI DODDABALLAPUR RD
YELAHANKA, , Bangalore, Karnataka,
India

Payer Address :

SN	SrCode	SAC Service Particulars	Rate (₹)	Unit	Total	Concess ion	Net Amt	Pat Amt	Payer Amt
1	P-OPP-00074	GLAUCOMA (Dr. ASHWIN SANTOSH SHETTY)	5940.00	1	5940.00	0.00	5940.00	5940.00	0.00
Total Amount									5940.00
Net Amount									5940.00
Payer Amount									0.00
Patient Amount									5940.00
Amt Received									5940.00

By Cash: 5940.00

Received from Mrs. K VIJAYALAKSHMI, an amount of (INR) Five Thousand Nine Hundred Forty Only

(SHIVARAJ)

(Signature)

Printed By: 154598

Prepared By: SHIVARAJ



An Aster
DM Healthcare
Venture

Aster CMI Hospital No. 43/2, New Airport Road NH 7, Dr
Puneeth Rajkumar Rd, Sahakar Nagar, Bengaluru,
Karnataka 560092

For Appointment- 080-43420100
For Emergency- 91-80-46474647

Note:- One complementary follow up shall be given within 7 working days. This is not applicable in certain specialities CGHS & Corporate customers.
Aster CMI has extended OPD hours, Evenings/Sundays & Public holidays too evenings 4pm - 8pm, sunday & holidays 9:00am - 1:30pm.

Single Field Analysis

Eye: Right

DOB: 02-01-1977

Name: K VIJAYALAKSHMI

ID: 700470973

Central 24-2 Threshold Test

Fixation Monitor: Gaze/Blind Spot

Fixation Target: Central

Fixation Losses: 1/18

False POS Errors: 2 %

False NEG Errors: 13 %

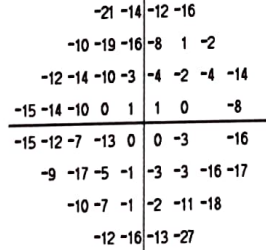
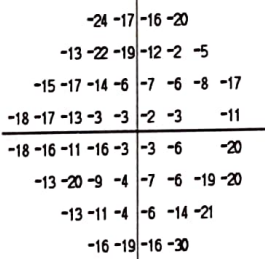
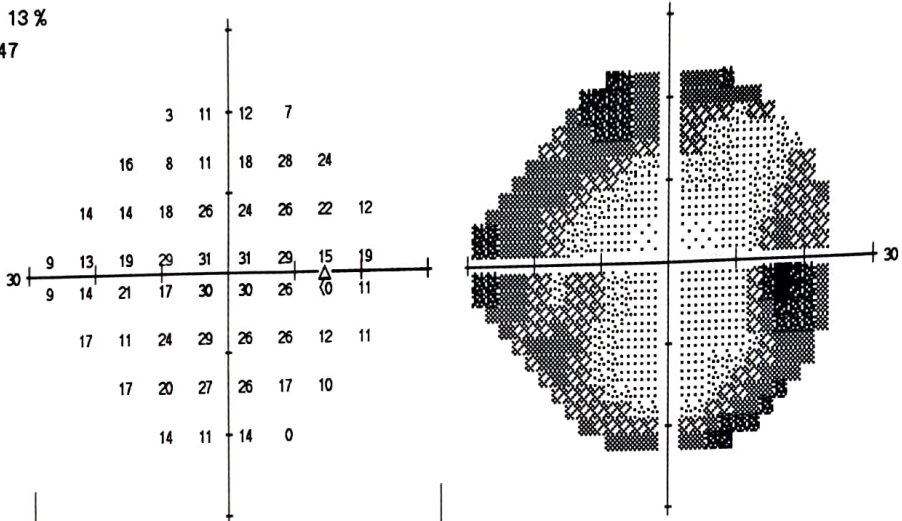
Test Duration: 07:47

Fovea: 32 dB

Stimulus: Ill, White
Background: 31.5 ASB
Strategy: SITA-Standard

Pupil Diameter: 3.0 mm
Visual Acuity: 6/6
RX: +2.00 DS DC X

Date: 10-08-2023
Time: 11:57 AM
Age: 46



GHT

Outside Normal Limits

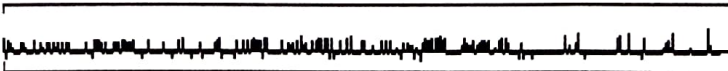
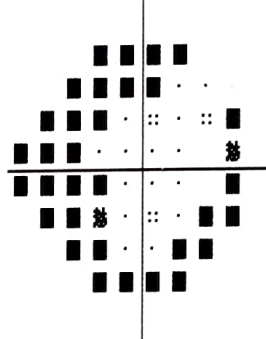
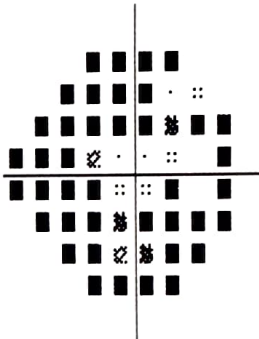
VFI 73%

MD -11.33 dB P < 0.5%

PSD 7.20 dB P < 0.5%

Total Deviation

Pattern Deviation



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HFA II 740-51031-5.1.3/5.1.3



Single Field Analysis

Eye: Left

Name: K VIJAYALAKSHMI
ID: 700470973

DOB: 02-01-1977

Central 24-2 Threshold Test

Fixation Monitor: Gaze/Blind Spot

Stimulus: Ill, White

Pupil Diameter: 3.0 mm

Date: 10-08-2023

Fixation Target: Central

Background: 31.5 ASB

Visual Acuity: 6/6

Time: 12:11 PM

Fixation Losses: 0/16

Strategy: SITA-Standard

RX: +1.75 DS DC X

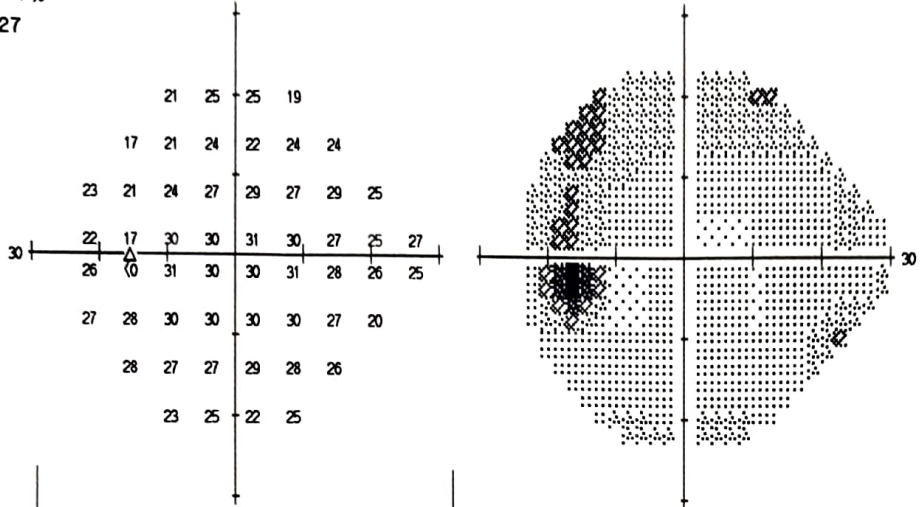
Age: 46

False POS Errors: 1 %

False NEG Errors: 1 %

Test Duration: 06:27

Fovea: 36 dB



-6	-3	-3	-8				
-12	-9	-6	-8	-6	-5		
-7	-9	-7	-5	-3	-5	-2	-4
-8	-3	-3	-2	-2	-5	-5	-1
-5	-2	-3	-3	-2	-4	-4	-3
-4	-3	-2	-3	-3	-2	-5	-10
-3	-4	-5	-3	-3	-4		
-7	-6	-8	-5				

-4	-1	0	-6				
-10	-7	-3	-6	-4	-3		
-5	-7	-5	-2	-1	-3	0	-2
-6	0	0	0	0	-3	-3	2
-2	1	-1	-1	0	-1	-2	0
-1	-1	0	-1	-1	0	-2	-8
-1	-2	-2	0	-1	-2		
-4	-3	-5	-3				

GHT

Borderline/General Reduction

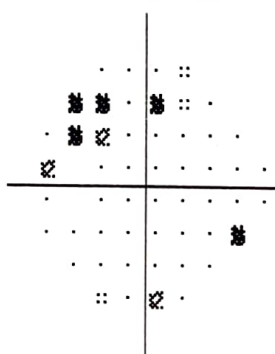
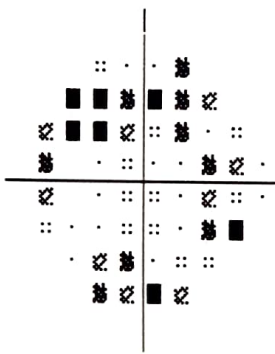
VFI 96%

MD -4.37 dB P < 0.5%

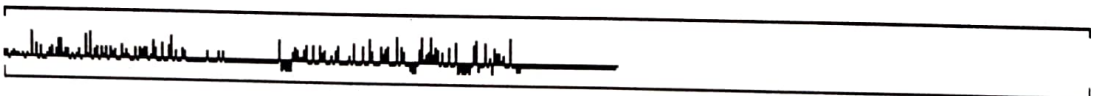
PSD 2.34 dB P < 5%

Total Deviation

Pattern Deviation



:: < 5%
⊗ < 2%
⊗ < 1%
■ < 0.5%



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HFA II 740-51031-5.1.3/5.1.3



GSTIN : 29AACCD7912K1ZD

Invoice Cum Receipt

Aster
CMI HOSPITAL
Since 1987
Bill No : **OP7/CA24/138417**Aster ID : **700470973**

Patient Name : Mrs. K VIJAYALAKSHMI

Payer : SELF-ACMI

GSTIN :

Bill Date : 10/08/2023 10:57

Gender/Age : Female/46 Yr 7 Mth

Contact No : 9845875522

State Code 29

Presc. Doctor : Dr. PRATEEK P NAYAK

Referred By : Self

 Patient Address : 6116 PRESTIGE ROYALE GARDEN
 AVALAHALLI DODDABALLAPUR RD
 YELAHANKA, , Bangalore, Karnataka,
 India

Payer Address :

SN	SrCode	SAC	Service Particulars	Rate (₹)	Unit	Total	Concession	Net Amt	Pat Amt	Payer Amt
1	CL-ONV-00010		CONSULTATION CHARGES (Dr. PRATEEK P NAYAK)	1000.00	1	1000.00	0.00	1000.00	1000.00	0.00
						Total Amount				1000.00
						Net Amount				1000.00
						Payer Amount				0.00
						Patient Amount				1000.00
						Amt Received				1000.00

By Cash: 1000.00

Received from Mrs. K VIJAYALAKSHMI, an amount of (INR) One Thousand Only

(PARAG P SHETTY)**(Signature)**

Printed By: 170769

Prepared By: PARAG P SHETTY


 An Aster
 DM Healthcare
 Venture

 Aster CMI Hospital No. 43/2, New Airport Road NH 7, Dr
 Puneeth Rajkumar Rd, Sahakar Nagar, Bengaluru,
 Karnataka 560092

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