



**Shroff Eye Centre**

*a vision of excellence*

100  
YEARS

FOUR  
GENERATIONS  
IN EYE CARE



Page 1 of 1

www.shroffeyecentre.com

E-mail : sec@shroffeye.in

011-41633999

(ISO 9001 : 2015 CERTIFIED)

### Prescription

Patient ID	60200	Visit Date	22/Mar/2023
Patient Name	Mr. VIKAS ANAND	Age/Sex	58 yrs / M
Payor Name	CASH PATIENTS	Contact No.	9810306339
Patient Address	D901, WEMBLEY ESTATE ROSEWOOD CITY, SECTOR # 49 GURGAON		

### Present Complaints

#### REVIEW

Vision	Distance Vision		Near Vision	
	Right Eye	Left Eye	Right Eye	Left Eye
Unaided	6/120P	6/8P		

Method (IOP)	IOP Time	IOP (RE)	IOP (LE)	Pachy (RE)	Pachy (LE)	CCT (RE)	CCT (LE)
NCT	11:50	17	12.5	18.3	14.5	515	502
A.T.	01:13	19	12				

SCAN NOW



GLAUCOMA CARE

Adv.Glasses	Right Eye						Left Eye					
	Sph	Cyl	Axis	Prism	V/A	N/V	Sph	Cyl	Axis	Prism	V/A	N/V
Distance	+0.00						-0.50				6/6P	
Add	+2.75						+2.75				N6	
M.Distance												

### Diagnosis

OPERATED TRABECULECTOMY in Both Eyes.

GLAUCOMA in Both Eyes.

### Rx

1. XALACOM EYE DROPS [ LATANOPROST 0.005% + TIMOLOL 0.5% ]  
one drop once a day for 2 Months in both eyes
2. RAIKI EYE DROPS [ NETARSUDIL 0.02% ]  
one drop at bedtime (to be continued till next visit) for 2 Months in right eye
3. DORZOX EYE DROPS [ DORZOLAMIDE 2% ]  
one drop 3 times a day (to be continued till next visit) for 2 Months in both eyes
4. EYEMIST EYE DROPS [ HYDROXYPROPYLMETHYLCELLULOSE 0.3% ]  
one drop four times a day for 2 Months in both eyes
5. DUVADILAN 10MG TABLET [ ISOXSUPRINE HYDROCHLORIDE 10 MG ]  
one tablet two times a day for 2 Months
6. AZITHRAL-500 TABLET [ AZITHROMYCIN 500 MG ]  
two tablet Stat

### Doctor Remarks :

AVOID STEROIDS

### Plan of Care :

IN VIEW OF RAISED IOP, ADVISED PROPER USE OF DROPS

Review after 2 months / OR SOS

Doctor's Signature

DR. PROF. RAMANJIT SIHOTTA

Dr. (Dr.) Ramanjit Sihota  
AC No. 7697  
Shroff Eye Centre

### OUR CENTERS

Kailash Colony

Connaught Place

Gurugram

Kaushambi

http://193.146.33.99:7878/Prescription.aspx?PrescriptionID=11997438911999&PatientName=Mr. Vikas Anand&PayorName=CASH PATIENTS&CompanyNo=9810306339&Date=22/03/2023

**FREE**

One Raiki™ pack  
on sharing 3 UINs.

UIN No.

▼  
**RKI000157435**

For more information,  
refer to **Leaflet** inside the pack OR  
call on Toll Free No. "18001025735"

Give a missed call on  
"9136610533" to get  
yourself Registered for  
availing free pack.

9136610533

**FREE**

One Raiki™ pack  
on sharing 3 UINs.

UIN No.



**RKI000212455**

For more information,  
refer to **Leaflet** inside the pack OR  
call on Toll Free No. "18001025735"

Give a missed call on  
"9136610533" to get

3 ml

  
**Raiki**™

**Sterile  
Eye Drops**

29/9

**FREE**

One Raiki™ pack  
on sharing 3 UINs.

UIN No.

▼  
**RKI000183978**

For more information,  
refer to **Leaflet** inside the pack OR  
call on Toll Free No. "18001025735"

3 ml  
  
**Raiki**™

**Sterile  
Eye Drops**

18/3

**FREE**

One Raiki™ pack  
on sharing 3 UINs.

UIN No.



**RKI000142450**

For more information,  
refer to **Leaflet** inside the pack OR  
call on Toll Free No. **"18001025735"**

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**"9136610533"** to get  
yourself Registered for  
availing free pack.

3 ml

**Raiki™**

**Sterile  
Eye Drops**



**FREE**

**One Raiki™ pack  
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**UIN No.**



**RK1000231299**

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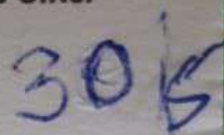
Give a missed call  
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availing free pack.

3 ml

  
**Raiki™**

**FREE**

One Raiki™ pack  
on sharing 3 UINs.

UIN No. 

RKI000170911

For more information,  
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3 ml

  
**Raiki**™

Sterile  
Eye Drops 