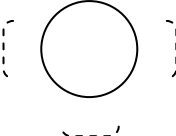
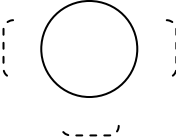
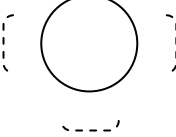
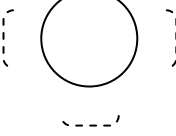
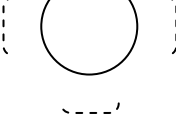


Mr. Lee's INTRAVITREAL INJECTION SUMMARY SHEET NO:

NAME:

DIAGNOSIS/INDICATION: RE LE.....

DATE	R / L	PROCEDURE					AGENT BATCH STICKER
		PRC	Proxy	gPov x 2	- CRA - LP	Antibio Steroid	
		Diamox SR []					
							
Surgeon Mr. Lee		Haem 0 / + / ++ / +++			Pain 0 / + / ++ / +++		Invoice <input type="checkbox"/> GP letter <input type="checkbox"/>
		PRC	Proxy	gPov x 2	- CRA - LP	Antibio Steroid	
		Diamox SR []					
							
Surgeon Mr. Lee		Haem 0 / + / ++ / +++			Pain 0 / + / ++ / +++		Invoice <input type="checkbox"/> GP letter <input type="checkbox"/>
		PRC	Proxy	gPov x 2	- CRA - LP	Antibio Steroid	
		Diamox SR []					
							
Surgeon Mr. Lee		Haem 0 / + / ++ / +++			Pain 0 / + / ++ / +++		Invoice <input type="checkbox"/> GP letter <input type="checkbox"/>
		PRC	Proxy	gPov x 2	- CRA - LP	Antibio Steroid	
		Diamox SR []					
							
Surgeon Mr. Lee		Haem 0 / + / ++ / +++			Pain 0 / + / ++ / +++		Invoice <input type="checkbox"/> GP letter <input type="checkbox"/>
		PRC	Proxy	gPov x 2	- CRA - LP	Antibio Steroid	
		Diamox SR []					
							
Surgeon Mr. Lee		Haem 0 / + / ++ / +++			Pain 0 / + / ++ / +++		Invoice <input type="checkbox"/> GP letter <input type="checkbox"/>

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