THE PREVELANCE AND PATTERN OF REFRACTIVE ERROR IN CHILDREN IN SELECTED HOSPITALS IN BENIN CITY, EDO STATE

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CERTIFICATION AND APPROVAL

This is to certify that this research project titled: **THE PREVELANCE AND PATTERN OF REFRACTIVE ERROR IN CHILDREN IN SELECTED HOSPITALS IN BENIN CITY, EDO STATE** was carried out by **JIGBALE LAURA ERUKE** in the Faculty of Optometry, University of Benin in partial fulfillment of the requirement for the DOCTOR OF OPTOMETRY (OD) degree in the 2024/2025 Academic Session.

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DEDICATION

I dedicate this project to God Almighty, my Creator and Sustainer, for His grace, love, and constant presence throughout my journey at the University of Benin.

I also dedicate it to my amazing parents, Mr. and Mrs. Joshua Jigbale whose love, prayers, and unwavering support have been my greatest strength and motivation.

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ABSTRACT

Refractive errors including myopia, hyperopia, astigmatism and few cases anisometropia are major causes of visual impairment in children worldwide. In Nigeria, many cases remain undetected due to inadequate screening programs and limited data. Understanding the prevalence and distribution of refractive errors in children is essential for targeted interventions and effective public health planning. The aim of this study was to determine the prevalence and pattern of refractive errors in children aged 6–18 years attending selected hospitals in Benin City, Edo State. A retrospective study was used and the number of records reviewed was 719 and the information on the age, gender, type of refractive error and visual acuity was gathered from selected hospitals in Benin City. The findings showed that astigmatism refractive error was the most common with 48.8% of errors followed by myopia (32.8) and hyperopia (11.3) with less prevalence of anisometropia. Women and children (13-18 years old) were overrepresented. The cases of astigmatism were multiplying five times over the study period and almost 60 percent of the diagnosis of refractive errors in recent years was attributed to astigmatism and myopia was found to be at its peak in the middle years. Hyperopia was comparatively low and cannot be disregarded because of its correlation with amblyopia and difficulties with learning. The distribution of refractive errors based on age and gender was tested statistically and found to be significantly different ($p<0.05$). These results are in line with the regional and global trends where the lifestyle in cities, academic needs, and genes influence the observed trends. The study has emphasized the significance of early diagnosis, periodic eye check-ups in schools, and specific measures to minimize avoidable visual loss in the children. It also throws light at how important it is that policy makers should focus on pediatric eye health services and education of the population in Edo State and other urban areas which thereby contribute to the growing body of knowledge required to shape pediatric optometric policies and training in Nigeria.

Keywords: Refractive error, prevalence, Benin City, optometry, retrospective study, pediatric eye care

CHAPTER ONE

1.0 INTRODUCTION

Refractive error or ametropia is simply when the eye's optical system works without accommodation, and thus fails to focus parallel rays of light directly on the retina. This makes vision blurry, and in some cases, the blur can be so significant that it leads to visual impairment (Nwachukwu et al., 2023). This is also referred to as ametropia. Now In ametropia, light from a distant object does not fall exactly on the retina but instead gets focused either in front of it or behind it (Ahmed et al., 2020).

The main types of refractive errors include myopia (short-sightedness), hyperopia (long-sightedness), and astigmatism. Astigmatism itself can be broken down into 7hypermetropic, myopic, mixed, or irregular forms (Anajekwu and Kizor-Akaraiwe, 2022).

Beyond the visual defects that come with each type of error, individuals with refractive errors often complain of symptoms categorized or placed under asthenopia, commonly known as "eye strain." These can include headaches (either frontal or occipital), itching, redness, pain in or around the eyes, and blurred vision, which in severe cases can progress to visual impairment.

Generally, it has been noted or understood that, uncorrected refractive error is the leading or major cause of moderate and severe visual impairment worldwide and it was a priority area for VISION 2020: The Right to Sight initiative proposed by (Anajekwu and Kizor-Akaraiwe, 2022). Also, it has been estimated that about at least 116 million persons worldwide have refractive error, as the commonest cause of visual impairment. The World Health Organization estimates that 12.8 million children with visual impairment resulted from uncorrected refractive error (URE) with a wide regional variation in the prevalence of 0.24% of children in Africa and 2.7% in China. In addition to the details, about 12% of children

worldwide are labeled myopic and 15% of children have some type or manner of astigmatism. In Nigeria the prevalence of refractive error in children varies from 0.7% in a rural south-eastern population, to 6.8% in a semi-urban population in the southwest (Aghaji *et al., 2021).*

1.1 TYPES OF REFRACTIVE ERROR

1.1.1. MYOPIA

Myopia, also known as nearsightedness, is a refractive error that occurs when light rays entering the eye are parallel to the optic axis and converge in front of the retina while the eye is in a state of relaxed accommodation. This condition is primarily attributed to an elongation of the eyeball along its anteroposterior axis, although it may also result from a highly curved cornea or a lens possessing increased optical power, or a combination of these factors. Currently, myopia represents the most prevalent refractive error among children. The disorder is characterized by difficulty in seeing distant objects clearly, typically caused by the abnormal stretching of the eyeball, which results in the formation of a refractive image ahead of the retinal photoreceptors.(Flitcroft et al., 2019)

1.1.2 CLASSIFICATION OF MYOPIA

1. CLASSIFICATION ON ETIOLOGY

A. Axial Myopia

Axial myopia results from an enlargement of the axial length of the eye (Cline, 1997).

B. Refractive Myopia

Refractive myopia is caused by alterations in the eye's refractive components or modifications in the configuration or positioning of the structures responsible for image formation, namely the cornea. Now this can be broken into

SUBCLASSIFICATION OF REFRACTIVE MYOPIA

1. CURVATURE MYOPIA

This type of myopia is attributed to an excessive or heightened curvature of one or more of the eye's refractive surfaces, particularly the cornea (Cline,1997). In individuals diagnosed with Cohen syndrome, myopia is believed to arise from elevated powers of both the corneal and lenticular components (Summanen, 2002).

2. INDEX MYOPIA

This form of myopia is linked to variations in the refractive index of one or more of the ocular media.

1.1.3 CLASSIFICATION BY CLINICAL ENTITY

Different forms of myopia have been categorized based on their clinical presentation (Goss et Al.,1988).

Simple Myopia

This is the most prevalent type of myopia, characterized by an eye that is excessively elongated in relation to its optical power, which is influenced by the cornea and the crystalline lens, or conversely, it possesses optical power that is disproportionately strong for its axial length (American Optometric Association, 1997). It is believed that both genetic predispositions and environmental factors, notably considerable amounts of near work, play significant roles in the onset of simple myopia.

Degenerative Myopia

Also referred to as malignant, pathological, or progressive myopia, degenerative myopia is distinguished by significant changes observed in the fundus, including the presence of posterior staphyloma. This condition is associated with a severe refractive error and

diminished visual acuity that remains uncorrected. The progression of degenerative myopia tends to worsen over time. Research indicates that this form of myopia is a leading cause of visual impairment (Li *et al.,* 2002). Moreover, myopia presenting with degenerative characteristics has been noted to occur frequently among specific ethnicities and cultures, including those of Chinese, Japanese, Arab, and Jewish descent (Verma & Singh, 2005).

Noocturnal Myopia

Known as night myopia or twilight myopia, this condition is characterized by a heightened difficulty in visual perception in low-light environments, despite normal visual acuity during daylight. The far point of an individual's focus is influenced by the ambient light levels. Night myopia is thought to result from pupil dilation, which allows increased light entry and subsequently leads to visual aberrations.

Pseudomyopia

This condition refers to the impairment of distance vision caused by spasm of the ciliary muscle (Cassin,1990)

Induced Myopia

Also referred to as acquired myopia, this type of myopia arises from exposure to certain pharmaceuticals, elevated glucose levels, nuclear sclerosis, or other abnormal conditions (American Optometric Association, 1997). Additionally, encircling bands utilized in the surgical repair of retinal detachments may contribute to the development of myopia by elongating the axial length of the eye (Vukojević, 2005).

Index Myopia

Index myopia results from variations in the refractive index of one or more components of the ocular media (Cline,1997), with cataracts serving as a potential cause (Metge,1993).

Form Deprivation Myopia

This specific type of myopia arises when the eye lacks exposure to clear visual stimuli.It is often experimentally induced in different animal models to explore the underlying pathogenesis and mechanisms associated with myopia development (Shen,2005)

1.4 CLASSIFICATION BASED ON DEGREE

Myopia, measured in diopters based on the optical power of a corrective lens that adjusts distant images for optimal focus on the retina, can be classified based on its level or intensity.

1. Low Myopia

This term typically refers to myopia measuring −3.00 diopters or less.

2. Medium Myopia

Medium myopia generally describes myopia within the range of −3.00 to −6.00 diopters (Cline,1997). Individuals exhibiting moderate levels of myopia are at a higher risk for developing conditions such as pigment dispersion syndrome and pigmentary glaucoma .

3. High Myopia

High myopia is commonly classified as myopia of −6.00 diopters or more.Individuals with high myopia face an elevated risk of complications, including retinal detachment (Larkin GL, 2006) and primary open-angle glaucoma.They are also more prone to experiencing visual disturbances such as floaters, which manifest as shadowy shapes appearing individually or in groups within the visual field. Approximately 30% of those with myopia fall into the category of high myopia (Verma & Singh, 2005).

1.1.5 CLASSIFICATION BASED ON AGE OF ONSET

Myopia can also be classified according to the age at which it manifests:

Congenital Myopia

Also referred to as infantile myopia, this form is present at birth and continues throughout infancy.

Youth-Onset Myopia

This type develops prior to the age of 20 (American Optometric Association, 1997). School myopia typically emerges during childhood, particularly during the school-age years (Morgan & Rose, 2005) This variant is often attributed to extensive near-work activities during formative educational years.

Adult-Onset Myopia

Early adult-onset myopia occurs between the ages of 20 and 40, while late adult-onset myopia is characterized by onset after the age of 40

1.1.6 SYMPTOMS AND SIGNS OF MYOPIA

1. Blurred distance vision is the primary symptom of myopia, where individuals perceive distant objects as unclear while maintaining a clear view of objects that are nearby
2. Clear near vision: In contrast to hyperopia, individuals with myopia generally find near tasks manageable without the need for corrective lenses
3. Squinting involves narrowing the eyelids to enhance the clarity of the retinal image
4. Asthenopia is characterized by eye strain, headaches, or discomfort within the ocular region, particularly after extended periods of visual exertion
5. Night myopia: Visual acuity tends to deteriorate in low-light conditions, exacerbated by an increased accommodative response

6. Behavioral indicators in children such as holding reading materials at a close distance, sitting unusually close to television screens, or experiencing diminished academic performance, often attributed to difficulties in viewing the blackboard (Benjamin, 2006, p. 977)

MYOPIA RISK FACTORS.

1. GENETICS

The genetic influence on myopia has been demonstrated through familial and genome-wide association studies. Children with myopic parents are significantly more predisposed to developing myopia compared to their peers with non-myopic parents. .(Saw et al.,2001)

2. Environmental factors

The increasing prevalence of myopia, especially in certain areas, does not appear to be solely attributable to genetic factors, as genetic traits cannot evolve at such a swift pace. In fact, populations sharing similar ethnic backgrounds have demonstrated varying rates of myopia prevalence that correlate with their environmental contexts (Uzma et al., 2019)

3. EDUCATION

Areas characterized by lower levels of educational advancement have demonstrated myopia prevalence rates under 10%. It has been proposed that modifications in educational policies may contribute to the rising incidence of myopia in East and Southeast Asia, particularly due to an increase in enrollment in higher education and the implementation of more stringent access criteria based on academic performance. Additionally, it is important to consider both the duration and intensity of educational engagement when assessing the impact of education on myopia (Mutti et al., 2002).

4. Time Outdoors and Light Exposure

Subsequent investigations have revealed that a lower prevalence of myopia correlates with increased outdoor activity rather than the amount of time dedicated to sports This observation

implies that extended periods spent outdoors may serve as a protective factor against the onset of myopia (Shah et al., 2017).

5. Digital screen

Due to technology becoming an integral part of our daily lives, the use of digital devices has increased and suggested as a potential risk factor for myopia development.

1.1.7 MANAGEMENT OF MYOPIA

SPECTACLE PRESCRIPTION

Spectacles (glasses) represent the most common and straightforward approach for the correction of myopia, utilizing concave (minus) lenses that cause incoming parallel rays of light to diverge, ensuring their convergence on the retina. A key method for achieving this correction involves intentional undercorrection through the use of single vision lenses, a strategy designed to reduce the full myopic prescription with the aim of slowing the progression of myopia.(Adler & Millodot, 2006)

Bifocals

Bifocal lenses may compensate for the diminished accommodative response frequently noted in myopic children exhibiting esophoria

1. CONTACT LENSES: Contact lenses are diminutive plastic discs that are positioned directly on the corneal surface. A solitary contact lens has the capability to address multiple refractive abnormalities. These lenses are available in various materials and necessitate differing maintenance protocols. These offer an expanded field of vision and minimize image minification compared to spectacles, rendering them particularly beneficial for individuals with higher levels of myopia. (Cheng et al., 2010).

2. Pharmacological intervention: The administration of atropine ophthalmic drops is frequently employed to induce pupillary dilation, typically during ocular examinations or in

the perioperative setting of ophthalmic surgeries. Furthermore, lower concentrations of atropine eye drops have been indicated to potentially mitigate the advancement of myopia in pediatrics population (Chua et al., 2006)

3. Orthokeratology (Ortho-K): This technique involves the use of specially designed rigid gas-permeable contact lenses that are worn overnight to temporarily alter the corneal shape, thereby mitigating myopia during daytime vision. (Rah et al., 2002)

4. Refractive surgery: refracture surgery serves to diminish the dependence on corrective eyewear, including glasses and contact lenses. In this procedure, a laser to modify the shape of the cornea is done consequently reducing the need for prescription lenses aimed at correcting myopia. It is important to note that postoperatively, some patients may still require glasses intermittently

Laser-assisted in situ keratomileusis (LASIK) involves the creation of a thin, hinged flap within the cornea by the surgeon. Following this, a laser is utilized to excise corneal tissue, thereby flattening its natural curvature.

In the case of laser-assisted subepithelial keratectomy (LASEK), the surgeon generates an extremely thin flap only in the corneal epithelium, which acts as a protective outer layer. A laser then reshapes the cornea to achieve a flatter profile, after which the epithelial flap is repositioned.

Photorefractive keratectomy (PRK) resembles LASEK but involves the complete removal of the epithelium. Subsequent to this, a laser is employed to alter the corneal shape. A temporary protective contact lens is placed over the cornea to shield it while the epithelium naturally regrows and molds to the new contour of the cornea.

Small incision lenticule extraction (SMILE) distinguishes itself by not involving the creation of a flap or the removal of the epithelium. In this technique, a laser is utilized to excise a

small, disk-shaped segment of corneal tissue known as a lenticule, which is then extracted through a minuscule incision in the cornea.

1.1.8 HYPEROPIA

Hyperopia, the most prevalent refractive error observed in childhood, is characterized by a specific refractive anomaly of the eye. This condition occurs when parallel light rays originating from a distance are focused behind the neurosensory retina, following their refraction through the ocular media, particularly when the accommodation is in a relaxed state (Castagno VD et al., 2005). To address this refractive challenge, the human eye exerts a spontaneous accommodative effort that increases the anterior curvature and converging power of the crystalline lens. Consequently, a state of accommodative rest is essential for the complete manifestation of hyperopia, especially in younger populations (McCullough, Doyle, & Saunders, 2017)

At birth, individuals are typically hyperopic, and as they mature, their hyperopic eyes may develop towards emmetropia or even myopia (Semeraro et al., 2019). A positive family history significantly influences the likelihood of hyperopia developing in subsequent generations. If hyperopia remains unaddressed following its diagnosis, the individual is at risk of experiencing complications such as amblyopia and strabismus.

1.1.9 CLASSIFICATION OF HYPEROPIA

Axial Hyperopia (Simple Hyperopia):

This form is primarily attributed to a reduction in the anterior-posterior axial length of the eyeball. Genetic factors are believed to have a substantial influence on its occurrence. Additionally, retinal edema may result in a hyperopic shift, with a decrease of 1 mm in axial length corresponding to an increase of 3 diopters in hyperopia (Strang, Schmid, & Carney, 1998)

Curvature Hyperopia:

This type arises from the flattening of the cornea, the lens, or both structures. An increase of 1 mm in the radius of curvature results in a corresponding increase of 6 diopters of hyperopia.

Index Hyperopia:

Index hyperopia is the result of alterations in the refractive index of the crystalline lens, a change that typically occurs with advancing age or in individuals with diabetes. The refractive index gradually rises from the center to the periphery of the lens.

Positional Hyperopia:

This condition is associated with malposition or absence of the crystalline lens—either congenital or acquired—or the intraocular lens, which leads to the formation of an aphakic zone within the refractive media. It is not uncommon for hyperopia to result from post-traumatic or post-surgical aphakia.

PATHOLOGICALLY INDUCED HYPEROPIA

Certain ocular pathologies, including nanophthalmos, microphthalmos, and aniridia, can lead to hyperopia. This form of pathological hyperopia arises from abnormal ocular anatomy resulting from maldevelopment, ocular disease, or trauma. To date, no singular causative factor has been universally recognized. Although they are infrequent, some genetic elements associated with hyperopia have been identified. (Harb & Wildsoet, 2019) Several recognized conditions that can lead to hyperopia include:

- Cortical cataracts (index hyperopia).
- Aphakia, whether congenital or acquired (Borish IM, 1983).
- Hyperglycemia (Wiemer NG et al., 2008).

- Diabetes mellitus, particularly stabilized hyperglycemia following effective glycemic control (Kaštelan S et al., 2018).

1.1.10 CLARIFICATION THROUGH CLINICAL FEATURES

Accommodation plays a crucial role in regulating the state of refraction, particularly in cases of hyperopia. Depending on the accommodation, we can classify hyperopia as manifest hyperopia.

MANIFEST HYPEROPIA

This condition is further categorized into:

1. ABSOLUTE HYPEROPIA

This type cannot be compensated for by accommodative effort. It is indicated when a patient is unable to achieve 20/20 vision without corrective lenses, represented by the least powerful plus lens that enables the patient to see 20/20 (Soumyadeep Majumdar et al., 2023).

2. FACULTATIVE HYPEROPIA

This is a form of hyperopia that can be compensated by accommodation. The total manifest hyperopia consists of both absolute and facultative hyperopia. Clinically, it is quantified using the strongest plus (or convex) lens that allows the patient to maintain optimal vision (20/20).

3. LATENT HYPEROPIA

This condition arises from the natural tone of the ciliary muscle. Typically, latent hyperopia measures around 1 diopter, though it may be greater in younger individuals and gradually decreases with age. The use of cycloplegic agents, such as atropine, can reveal this condition

4. TOTAL HYPEROPIA

This encompasses both latent and manifest hyperopia and is defined as the sum of latent hyperopia plus manifest hyperopia. Hence, manifest hyperopia comprises absolute hyperopia and facultative hyperopia.

1.1. Classification of Hyperopia by Degree

Hyperopia is typically categorized based on its severity, measured in diopters (D) of refractive error:

1. Low Hyperopia

Characterized by refractive errors up to +2.00 D. Patients in this category often remain asymptomatic, as they can compensate through their accommodative efforts

2. Moderate Hyperopia

Defined as a refractive error ranging from +2.25 D to +5.00 D. This degree may manifest symptoms including asthenopia, blurred vision when performing near tasks, and occasionally blurred distance vision.

3. High Hyperopia

Refers to refractive errors exceeding +5.00 D. Patients typically experience significant visual challenges and are at an increased risk for strabismus or amblyopia in the pediatric population (Benjamin, W. J. Borish's Clinical Refraction,, 2nd ed., 2006, p. 984).

SIGNS AND SYMPTOMS OF HYPEROPIA

1. Blurred Vision for Near Objects

Individuals with hyperopia often struggle to focus on nearby tasks such as reading, particularly as they age and their accommodative capacity diminishes

2. Asthenopic Symptoms (Eye Strain)

Extended periods of near work may result in headaches, discomfort around the forehead or eyes, and general ocular fatigue

3. Intermittent Distance Blur

In cases of higher degrees of hyperopia or when accommodative fatigue sets in, individuals may experience occasional blurring of distance vision

4. Headaches

These often manifest as frontal or occipital pain following prolonged near work, attributed to excessive accommodative effort

5. Difficulty with Near Work

Tasks such as reading and writing may become increasingly uncomfortable, leading children to avoid near-vision activities like homework

6. Squint/Strabismus in Children

If left untreated, hyperopia can result in esotropia due to the necessity for excess accommodative convergence (Benjamin, W.J. Borish's Clinical Refraction, 2nd ed., 2006, p. 984).

7. Reduced Concentration

There is often a noticeable decline in attention span for near activities, particularly among children, representing a subtle indication of hyperopia

8. Red or Watery Eyes

Ocular fatigue stemming from prolonged accommodation can lead to conjunctival congestion and increased tearing

1.1.11 TREATMENT OF HYPEROPIA

1. Spectacle Correction (Convex/Plus Lenses)

Optical Correction: convex lenses (plus) are recommended for the convergence of light rays onto the neurosensory retina. The fundamental principles guiding the prescription of eyeglasses are as follows:

Cycloplegic retinoscopy should always be utilized to accurately determine the total degree of hyperopia, particularly in pediatric patients.

In school-aged children, a gradual increase in hyperopic correction from the comfortably tolerated power may be required, as complete correction could result in distant vision blurriness. A brief course of cycloplegic agents may enhance the acceptance of hyperopic correction. Full hyperopic correction should be employed to address accommodative convergence. (Wallace et al., 2018)

2. Contact Lenses

Hyperopia can also be addressed using either soft or rigid gas-permeable contact lenses, which are especially beneficial for patients who favor alternatives to spectacles or necessitate higher levels of correction.

3. Refractive Surgery

Surgical interventions, such as LASIK, PRK, or LASEK, can offer a permanent solution for mild to moderate hyperopia by altering the shape of the cornea, thereby enhancing its refractive capacity. (Benjamin, 2006, p. 855)

Before the operation the patient requires at least three consecutive assessments conducted one year apart. Engaging in thorough counseling and discussions regarding potential outcomes and associated side effects.

Laser-based refractive techniques include:

1. Thermal laser keratoplasty: This procedure employs thallium-holmium-chromium (THC) and yttrium aluminum garnet (YAG) lasers to induce a contraction in the collagen matrix of the corneal stroma within eight designated areas of the optical zone using pulse energies ranging from 159 to 199 milli-joules. This results in a mechanical constriction that steepens the cornea (Koch et al., 1996).

2. Hyperopic photorefractive keratectomy (PRK): This extensive procedure involves creating a significant burn using an excimer laser. It may result in corneal dryness and delayed epithelial healing, with decentration being a major complication. Although initial outcomes may be promising, regression can occur (Neira, Holopainen, & Tervo, 2011).

3. Hyperopic LASIK: Patient eligibility is contingent upon stable preoperative refractions, corneal thickness, intraocular pressure, pupil size, fundoscopy, and corneal topography. This method can correct up to 6 diopters of hyperopia and is performed under topical anesthesia, with the possibility of pilocarpine-induced miosis on the same day as cycloplegia (Ozulken, Yuksel, & Uzel, 2020).

1.1.12 ASTIGMATISM

Astigmatism is a prevalent refractive anomaly characterized by differential refraction across various meridians of the eye. The light rays that traverse the ocular medium fail to converge at a single focal point, resulting instead in the formation of focal lines. Essentially, astigmatism refers to a condition in which parallel light rays entering the eye through the cornea do not converge to a specific point on the retina. (Wajuihian SO.2017)

Astigmatism can be categorized as either regular or irregular. Its underlying causes may be attributed to corneal, lenticular, or retinal factors.

Regular astigmatism is further classified into "with the rule," "against the rule," oblique, and bi-oblique types, with Sturm's conoid principle serving as a foundation for understanding the optics associated with regular astigmatism.

Additionally, astigmatism can be divided into simple, compound, and mixed variants. Common symptoms include asthenopia, discomfort, blurred or distorted vision, elongation of objects, and difficulties with accommodation (Dhungel D et al.2017).

Clinical signs may manifest as partial lid closure, head tilting, a vertically oval or tilted optic disc, and varying refractive power in different meridians. Essential investigative procedures include retinoscopy, slit-lamp examination, keratometry, Scheimpflug imaging, astigmatic fan assessment, and Jackson cross-cylinder testing.

Management options for astigmatism encompass the use of spectacles, contact lenses, and surgical interventions such as refractive surgery, implantation of toric intraocular lenses (IOL), and astigmatic relaxing incisions (Kessel et al. 2016).

They are various causes of astigmatism due to that we have various types

Etiology

1. Corneal Astigmatism

Corneal astigmatism represents the predominant type of astigmatism, arising from irregularities in corneal curvature (Mohammadi et al. 2019).

2. Lenticular Astigmatism

Curvatural lenticular astigmatism arises from an abnormal curvature of the lens, a condition exemplified by lenticonus. (Bamotra *et al*.2017)

3. Positional astigmatism occurs due to tilting or displacement of the lens, as seen in instances of subluxation. Index astigmatism is associated with variations in the refractive index across different meridians (Kaye, 2014).

4. Retinal Astigmatism

Retinal astigmatism is a consequence of an oblique positioning of the macula.

5. with the Rule Astigmatism

In this category, the two principal meridians are oriented at right angles to each other, with the vertical meridian exhibiting greater steepness than the horizontal. Consequently, this type necessitates a concave cylinder oriented at 180 ± 20 degrees or a convex cylinder at 90 ± 20 degrees, referred to as "with the rule" astigmatism. The vertical meridian typically has a

curvature that is 0.25 diopters steeper than the horizontal, influenced by the pressure exerted by the eyelids.

6. Against the Rule Astigmatism

In contrast, "against the rule" astigmatism features a horizontal meridian that is more curved than the vertical, necessitating a convex cylindrical lens correction at 180 ± 20 degrees or a concave cylindrical lens at 90 ± 20 degrees (Refai TA. 2015).

Oblique Astigmatism

This form is characterized by two principal meridians that intersect at right angles but are neither horizontal nor vertical, exemplified by orientations such as 45 degrees and 135 degrees.(shen j et al.2018)

Bioblique Astigmatism

In bioblique astigmatism, the principal meridians do not meet at right angles, as seen in examples such as 20 degrees and 110 degrees(Remón L et al.2017)

Simple Astigmatism

When light rays converge in front of the retina within one meridian, it is classified as simple myopic astigmatism. If they converge behind the retina, it is referred to as simple hypermetropic astigmatism(Remón L et al.2006)

Compound Astigmatism

If light rays converge in front of the retina in both meridians, this condition is termed compound myopic astigmatism; conversely, when they converge behind the retina, it is classified as compound hypermetropic astigmatism.(Parrey MUR et al.2019)

Mixed Astigmatism

In the case of mixed astigmatism, one meridian focuses light rays in front of the retina while another focuses them behind it, resulting in one meridian being myopic and another hypermetropic.(Xu G et al.1996)

Irregular astigmatism is characterized by principal meridians that intersect at angles other than 90°, indicating they are not orthogonal to one another. In this condition, the curvature of each meridian is inconsistent, exhibiting variations from one location to another across the pupil's entrance.

Although a slight degree of irregular astigmatism is typically present in all eyes upon comprehensive corneal examination, it is generally deemed clinically insignificant. In contrast, the form of irregular astigmatism that has clinical significance is notably rare compared to its regular counterpart. This form is often observed in individuals with irregularities in the corneal surface, which may arise from either congenital factors or surgical interventions.

Various corneal pathologies associated with raised lesions, such as Salzmann's nodular degeneration and keratoconus, represent natural etiologies for irregular astigmatism. These conditions can induce both primary irregular astigmatism and secondary irregular astigmatism (News-MedicalA by fsaneh Khetrapal, BSc).

TREATMENT/MANAGEMENT OF ASTIGAMTISM

Optical

In the case of regular astigmatism, the standard treatment approach involves the prescription of eyeglasses equipped with cylindrical lenses, determined post-corrective refraction. An alternative corrective measure for astigmatism is the use of hard contact lenses, which can effectively address up to 2-3 diopters of astigmatism. For astigmatism exceeding this range, toric contact lenses are recommended.

Guidelines for Astigmatism Correction

Minor Astigmatism

For minimal astigmatism of up to 0.5 diopters, correction should be implemented only in the presence of asthenopic symptoms or any related complaints. Careful refraction is essential for this low degree of astigmatism, and caution is warranted during the prescription process.(Villegas EA et al. 2014)

Severe Astigmatism

In cases of pronounced astigmatism, full correction is necessary to alleviate asthenopic symptoms. Patients requiring substantial cylindrical correction may initially resist complete correction; therefore, adjustments should be made progressively until the patient achieves comfort. Continuous follow-up consultations are advisable to facilitate ongoing adjustments until full acceptance of correction is accomplished.

Correction of Astigmatism Axis

Should a patient express dissatisfaction with their cylindrical correction, re-evaluation of the astigmatism axis may be warranted, taking into account the previously established axis of refraction. Patients with a new corrective prescription should be advised to wear it and engage in ambulation for several minutes to acclimate to the changes.

Adjustment of New Astigmatic Correction

The introduction of a new corrective prescription should be approached with caution, as it may lead to intolerable symptoms despite potential improvements in best-corrected visual acuity. If the changes are substantial, it is important to reassure patients that while an improvement in visual acuity is evident, the adjustment period for the new correction may require time.(Sha J et al. 2019)

Corrigible forms of astigmatism, such as oblique astigmatism, mixed astigmatism, and high astigmatism, are generally more effectively treated with contact lenses rather than spectacles.

SURGICAL MANAGEMENT OF ASTIGMATISM

Toric Intraocular Lens Implantation

The presence of corneal astigmatism alongside cataract formation in patients can be effectively addressed through the implantation of toric intraocular lenses (IOLs).

REFRACTIVE INCISIONAL PROCEDURES

Astigmatic Keratotomy

Astigmatic Keratotomy (AK) is a surgical technique involving the creation of arcuate incisions in the mid-peripheral region of the cornea, which are oriented perpendicularly to the steepest meridian of curvature. This procedure can be utilized independently for the correction of astigmatism or can be performed in conjunction with cataract surgery.(Hiep NX et al.2019)

TRANSVERSE INCISIONS

Transverse incisions are executed in pairs along the steepest meridian, each extending up to 3 mm. Additional pairs may often be necessary to amplify the effect. These incisions are oriented tangentially to the optical zone, resulting in a diminishing flattening effect as incision size increases.

ARCUATE INCISION

Arcuate corneal incisions, placed at a specified distance from the corneal center, demonstrate greater effectiveness compared to transverse cuts for a given optical zone dimension. The extent of flattening achieved increases proportionately with the length of the incision, up to 90 degrees.(Thornton SP.1994)

LIMBAL RELAXING INCISION

The Limbal Relaxing Incision (LRI) is employed predominantly to address mild astigmatism, specifically within the range of -1 D to -2 D. A notable advantage of this technique is the reduced glare and discomfort it produces compared to AK.

1.1.13 ANISOMETROPIA

Refractive anisometropia or anisometropia is simply a difference in the refractive power of both eyes which is a very crucial factor in the development of amblyopia in children. But importantly the early detection of this condition provides timely implementation of interventions that can prevent permanent impairment in binocular vision and stereopsis. Refractive anisometropia is a percuilar condition in which the eyes of a person, who presumably shares similar sociodemographic, environmental, and genetic factors, exhibit different refractive errors.So, timely investigation of anisometropia in children helps in undersranding the development of refractive error.

The structural basis of refractive anisometropia is linked to the difference in axial length in both eyes.(Sorsby, Leary, & Richards, 1962)

Anisometropia is indicated by a difference of 1 diopter or more in spherical equivalent(Ostadimoghaddam et al., 2012). It's revelant clinically because in some few individuals refered to as the minority, anisometropia is not corrected which leads to permanently low visual acuity known as amblyopia in the absence of other abnormalities.(Chang, Tsai, & Sheu, 2007)

1.1.14 CAUSES OF ANISOMETROPIA

Changes in lens power and the onset of cataracts are noticable contributors to anisometropia in older adults. However, in cases of anisometropia in infants ,most causes are primarily due to axial factors. Research carried out on both animals and humans has indicated a positive relationship between the severity of anisometropia and the differences in axial length between the eyes.(Huynh et al., 2006)

In children without clear structural abnormalities, the development of anisometropia may be influenced by other factors, such as changes in refraction, but the underlying mechanisms are

not fully understood. Aniisometropia sometimes resolve on its own in younger children as their eyes become emmetropic. However, generally, both myopia and hyperopia are linked to a greater likelihood of anisometropia. Severe cases of anisometropia (3 diopters or more) are more likely to persist in preschool years, contributing to a significant portion (24 to 37%) of amblyopia cases in young children.

1.1.15. TREATMENT OF ANISOMETROPIA

1. Optical correction

This is done along with eye patching or topical atropine 1%.Natural iso-emmetropization occurs most times to a certain degree in order to prevent amblyopia,it has also been proven that anisometropia and amblyopia will not resolve in most cases without treatment (Clarke et al., 2003).

But Optical correction is only truly effective in preventing amblyopia only if it is done when the visual cortex synapses are still developing and adaptable.(Cotter et al., 2006)

2. Surgery

This treatment are usually of the cornea. Radial keratotomy is majorly used to treat anisometropic teenagers.(O'Dell & Wyzinski, 1989). Other, corneal refractive procedures include photorefractive keratectomy (PRK), laser in situ keratomileuses (LASIK), and laser-assisted subepithelial keratectomy (LASEK) treatments have been reported as effective in improving visual acuity, binocular vision, preventing anisometropic amblyopia in children with anisometropia.(Autrata & Rehurek, 2004)

1.2 STATEMENT OF THE PROBLEM

Although refractive error is a preventable and treatable cause of childhood visual impairment, it continues to go unnoticed and unmanaged in many Nigerian communities. This is especially concerning in Benin City, where there is minimal published data reflecting the true

prevalence and types of refractive errors affecting children. The absence of such information hampers early interventions and appropriate health resource allocation. Therefore, a retrospective study to examine the prevalence and pattern of refractive errors in children within selected hospitals in Benin City is both timely and critical.

1.3 AIM AND OBJECTIVES OF THE STUDY

1.3.1 AIM

To determine the prevalence and pattern of refractive error among children attending selected hospitals in Benin City, Edo State.

1.3.2 OBJECTIVES

1. To determine the prevalence of different types of refractive errors among children aged 6 –18years.
2. To analyze the age and gender distribution of refractive errors in the study population.
3. To identify the most common type of refractive error among the children.
4. To assess any trends in the pattern of refractive errors over the study period.

1.4 RESEARCH QUESTIONS

What is the prevalence of refractive error among children in the selected hospitals in Benin City?

What types of refractive errors are most common in this population?

How are refractive errors distributed across age groups and gender?

Are there identifiable trends in the pattern of refractive errors over the years?

1.5 SIGNIFICANCE OF THE STUDY

This study is expected to contribute to the existing body of knowledge on childhood visual health in Nigeria. The findings may aid in the development of targeted screening and intervention programs within pediatric populations. Additionally, the study may inform policy recommendations for integrating eye care into routine pediatric assessments in hospitals, ultimately helping to reduce the burden of avoidable childhood visual impairment in Edo State and beyond.

CHAPTER TWO

2.0 LITERATURE REVIEW

Ezegwui et al. (2021) conducted a descriptive cross-sectional survey in selected public and private primary and junior secondary schools in both urban and rural areas of Enugu State, Nigeria, targeting children aged 5–15 years. The study aimed to assess the prevalence of refractive errors and the underlying causes of visual impairment among these school children. Utilizing the Refractive Error in School-age Children (RESC) protocol, ocular examinations were performed on 1,167 participants, with an average age of 10.58 ± 3.0 years. The findings indicated that 3.6%, 3.5%, and 0.4% of the children had uncorrected, presenting, and best-corrected visual acuity of ≤20/40 (6/12) in their better eye, respectively. Among those with visual impairment, refractive errors were responsible for 33.3% of the reduced vision, with an overall prevalence of refractive errors at 2.1%. Myopia was found in 1.9% of the cases, while hyperopia was present in 0.1%. Astigmatism of ≤0.75 dioptre cylinder was the most common type noted.

In a separate study in 2017, Mahayana et al. examined the prevalence and distribution of uncorrected refractive error (URE) among primary school children in Indonesia, focusing on

four different residential settings: urban, suburban, exurban, and rural. The research sought to understand the effects of urbanization on the frequency and severity of refractive errors in this demographic. Visual acuity was assessed using Snellen's chart, along with comprehensive eye examinations and subjective refraction. Although non-cycloplegic auto-refraction was used initially for guidance, it was not included in the final analysis due to concerns about potential overestimation in children. Refractive errors were classified according to WHO standards based on spherical equivalent and visual acuity outcomes.

The results indicated that children residing in urban and suburban areas had significantly poorer unaided visual acuity and a higher prevalence of URE than those living in exurban and rural areas. Specifically, the prevalence of URE was 10.1% in urban, 12.3% in suburban, 3.8% in exurban, and 1% in rural areas. Urban children had the lowest initial visual acuity and the best-corrected visual acuity outcomes. The relative risk of developing URE was notably higher for children in suburban (RR=3.019) and urban (RR=2.218) settings, while rural children faced the least risk. Additionally, simple and high myopia were more common in urban and suburban populations, with urban children being nearly twice as likely to develop simple myopia compared to their rural peers. The study also found a significantly greater incidence of severe visual impairment, amblyopia, and blindness among children in urban and suburban areas.

Nwachukwu et al. (2023) conducted a study to evaluate the knowledge, attitudes, and self-care practices related to refractive error among adults in the rural community of Amorji, Enugu State, Nigeria, using both quantitative and qualitative methods. The descriptive, cross-sectional, population-based survey involved 522 participants aged 18 to 83, selected through multistage cluster sampling. A structured questionnaire administered by researchers assessed their understanding of the causes, characteristics, treatment, self-care practices, and attitudes

concerning refractive error. The qualitative part included six focus group discussions (FGDs) and in-depth interviews (IDIs) with community leaders analyzed thematically.

The findings revealed that while 68.6% of participants had heard of refractive error, only 45% had a solid understanding of it. Moreover, 52.1% expressed a positive attitude, but merely 9.8% practiced good self-care, such as having recent eye exams. Educational attainment significantly related to knowledge ($p = 0.02$), attitudes ($p = 0.001$), and self-care practices ($p = 0.001$). Those with better knowledge tended to have more positive attitudes and self-care behaviors. Nonetheless, many held misconceptions, believing that aging was the primary cause of refractive error and that spectacles could damage the eyeball, as confirmed in FGDs, where some attributed refractive errors to supernatural factors or injury. Additionally, social stigma and concerns about appearance affected attitudes toward wearing glasses. A majority had never consulted an eye doctor, with financial constraints, the distance to clinics, and poor attitudes from healthcare providers identified as significant barriers.

The authors concluded that while participants had relatively good knowledge of refractive error's features, their comprehension of its causes and treatment was lacking. Positive attitudes were present, but self-care practices were insufficient. They highlighted the importance of educational status in shaping perceptions and behaviors and recommended targeted community health education, public awareness initiatives, and improved access to eye care services. Furthermore, they called for policy changes to address cultural misconceptions, economic challenges, and gaps in healthcare delivery in rural areas.

The research conducted by Ma et al. (2016), titled "Age-Specific Prevalence of Visual Impairment and Refractive Error in Children Aged 3–10 Years in Shanghai, China," sought to explore the prevalence of visual impairment (VI) and refractive errors, especially myopia, among a representative group of children from Jiading District, Shanghai. The main goal was

to assess how the prevalence of refractive errors shifts as children start formal schooling and to identify any related factors.

Using a cross-sectional design, the study included 8,267 children aged 3–10 years (representing a 98.4% participation rate from a total of 8,398) who were randomly selected from kindergartens and primary schools. The researchers conducted visual acuity evaluations and both cycloplegic and subjective refraction tests, in addition to gathering demographic information and categorizing schools by quality (general-level vs. high-level) to explore links with visual outcomes.

The findings revealed that 19.8% of children had uncorrected visual acuity (UCVA) of ≤20/40 in their better eye, 15.5% had presenting visual acuity (PVA) of ≤20/40, and only 1.7% had best corrected visual acuity (BCVA) of ≤20/40. Significantly, over 93% of those with reduced UCVA could reach a visual acuity of ≥20/32 with proper refraction. Nevertheless, only 28.7% of children needing glasses were actually using them. The prevalence of myopia rose sharply with age, starting at 1.78% in 3-year-olds and reaching 52.2% in 10-year-olds, whereas hyperopia declined from 17.8% to 2.6% in the same period. Furthermore, higher myopia rates were linked to older age, being a native (non-migrant) child, and attending higher-quality schools, while gender showed no significant relationship with myopia.

The research paper "Causes and Prevalence of Ocular Morbidity among Primary School Children in Ilorin, Nigeria" by Ayanniyi et al. (2010) set out to explore the prevalence and causes of eye-related issues among children in order to provide information for effective interventions that could avert preventable blindness. The authors emphasized that the school-age years are crucial for detecting visual impairments, as children are subjected to significant visual demands during this time, and timely intervention can mitigate long-term effects. A

cross-sectional descriptive analysis was carried out from July 2005 to January 2006 at ten randomly chosen primary schools in Ilorin metropolis, Nigeria, involving 1,393 students aged 4 to 15 who were selected using a multistage random sampling method. The study included ocular history assessments and various eye examinations such as visual acuity tests, pinhole tests, color vision tests, and ophthalmoscopy.

The findings revealed an ocular morbidity prevalence of 19.9% among the students. The most prevalent eye conditions identified were refractive errors (6.9%) and vernal conjunctivitis (6.7%), along with other issues like congenital/developmental disorders (2.8%), glaucoma/glaucoma suspect (1.4%), ocular infections (1.3%), ocular trauma (0.8%), strabismus (0.4%), amblyopia (0.4%), and congenital blepharoptosis (0.3%). Notably, 86.7% of the causes of visual impairment and blindness were deemed avoidable, either through prevention or treatment. Visual impairment and blindness were present in 2.2% of the children, primarily due to refractive errors, amblyopia, trauma, glaucoma, measles, and congenital toxoplasmosis, while a smaller fraction experienced visual loss due to unavoidable causes like optic atrophy, maculopathy, and oculocutaneous albinism. The study concluded that the significant prevalence of preventable and treatable ocular conditions highlights the critical need for effective school eye health initiatives in developing countries. The authors suggested measures such as regular vision screenings in schools, public health education for parents, and enhanced immunization coverage. They also stressed the importance of utilizing trained teachers for vision screening and the necessity of early detection to prevent lasting visual impairment.

Jiantao et al.(2021) a study to evaluate the prevalence of refractive error and visual impairment in grade one schoolchildren (starting age of 6 years old) in Lhasa.This study is referred to as Lhasa Childhood Eye Study (LCES) .This is a cross-sectional part of a cohort

study conducted in a school setting. A total of 1,943 children were enrolled, with a median age of 6.78 years, ranging from 5.89 to 10.32 years. Each child underwent comprehensive general and eye examinations, including logMAR visual acuity testing, cycloplegic autorefraction, and slit-lamp biomicroscopy. To evaluate the association between refractive errors and factors like gender and ethnicity, multivariate and correlation analyses were performed.

The prevalence rates of visual impairment (logMAR visual acuity ≥0.3 in the better-seeing eye) were 12.2%, 11.7%, and 2.7% for uncorrected, presenting, and best-corrected visual acuity (BCVA), respectively. Of the 227 children with bilateral visual impairment, 177 (78.0%) had refractive errors. Myopia (spherical equivalent refractor [SER] ≤ -0.50 diopter [D] in either eye) was present in 4.7% of the children when assessed after cycloplegic autorefraction. Hyperopia (SER ≥ +2.00 D) was found in 12.1% of the children and was significantly correlated with female gender (P<0.001). Astigmatism (cylinder value ≤ -0.75 D) was observed in 44.8% of the children. The multivariate regression and correlation analysis indicated no significant differences in SER between ethnic groups.

As the first school-based cohort study, the Lhasa Childhood Eye Study has identified the prevalence and patterns of refractive errors and visual impairment in Lhasa. Its goal is to promote handling of treatable visual impairments and promote effective interventions like corrective spectacles In Lhasa.

Akudinobi and Nwosu (2022) did a study to investigate the extent and causes of visual impairment among destitute individuals in Onitsha metropolis. The research sought to establish a baseline dataset that could inform the planning and implementation of effective eye care services for this vulnerable population, which was notably excluded from the Nigerian National Blindness and Visual Impairment Survey of 2005–2007.

The authors conducted a cross-sectional study involving 168 destitute individuals between June and July 2011. Participants were randomly selected from known clusters of destitutes, and data collection was carried out using structured, interviewer-administered questionnaires. Ocular examinations included visual acuity testing, refraction, anterior and posterior segment evaluations, and intraocular pressure measurement to detect glaucoma. The findings revealed that 33.3% of participants had some form of ocular disorder. The prevalence of blindness was 12.5%, while 10.2% had moderate to severe visual impairment. The major causes of blindness identified were glaucoma (28.6%), cataract (23.8%), corneal opacity (23.8%), and empty eye sockets due to trauma or tumor surgery (9.5%). Cataract was responsible for more than half of the visual impairments among the study population. Most of those affected were adults over 30 years, and all participants were unemployed and without assets, with the majority lacking formal education and social support.

The study concluded that the pattern of eye diseases among destitute individuals mirrored those of the general population, but their conditions were more severe due to lack of care. It emphasized that destitution results from a mix of health, economic, and social factors, making it a multidimensional issue that requires comprehensive intervention. The authors recommended the urgent mobilization and registration of destitute individuals to facilitate effective eye health delivery and broader social rehabilitation programs. They also underscored the importance of increasing public acceptance of eye surgeries through targeted health education, and called for subsidized vision correction interventions as part of a broader rehabilitation framework.

Ezegwui et al. (2014) did a study to investigate the presence and types of refractive errors in children with autism in Enugu, Nigeria, in a context where the visual needs of mentally challenged individuals are often overlooked due to limited resources. The researchers

examined 18 out of 21 children with autism who were enrolled at a school for the mentally challenged between December 2009 and May 2010. Visual acuity was assessed using Lea symbols, and cycloplegic refraction was performed on children who could cooperate. Anterior and posterior segments of the eye were examined, and refractive errors were diagnosed using established clinical definitions. The children's guardians gave consent through the school administration, and spectacles were dispensed free to those requiring correction.

Among the children examined, the majority were boys, with a mean age of 10.28 years. The study found that six children (33.3%) had significant refractive errors, primarily astigmatism (22.2%) and hypermetropia (11.1%). Specific diagnoses included mixed, simple myopic, compound hypermetropic, and anisometropic astigmatism. The authors noted that most of the children had never worn spectacles before, and in two cases, visual abnormalities such as disc pallor and maculopathy were identified and referred for further evaluation.

The study concluded that significant refractive errors, particularly astigmatism and hypermetropia, were present in children with autism in this setting. Early identification and correction of these errors with appropriate lenses can improve visual function and potentially enhance daily living activities and developmental outcomes in affected children. The authors recommended incorporating vision screening and refraction into routine care for children with autism in order to optimize their visual and functional development.

Malu and Ojabo (2014) did a study determine the prevalence and pattern of refractive errors among patients who presented with subnormal visual acuity and showed improvement with refraction over a 10-year period at a private hospital. This retrospective hospital-based study reviewed patient records from 2000 to 2009. Only patients with presenting visual acuity (VA) of 6/9 or less that improved by at least one line with refraction were included. Visual acuity

was measured using standard charts, and refraction was conducted by trained professionals. Spherical equivalent refraction (SER) was used in the analysis, and the eye with the better presenting VA was used to classify patients.

Out of 2,898 patients seen for various eye problems, 601 (20.7%) were found to have refractive errors that improved with correction. Of these, 221 (36.8%) were visually impaired and 91 (15.1%) were blind, including seven with aphakia. After refraction, 579 (96.3%) achieved normal VA, and visual impairment was reduced to 22 patients (3.6%). Severe visual impairment and blindness were completely eliminated by corrective lenses. Myopia was the most common refractive error (35.8%), followed by astigmatism (34.8%) and hypermetropia (29.5%). Myopia was more frequent in males, while females had an even distribution across all types. Refractive errors were most prevalent among students and civil servants.

In 2023, Gurung and Kant Gupta studied the prevalence of refractive error in children visiting the Department of Paediatric Ophthalmology at a tertiary care center in Nepal. Recognizing that uncorrected refractive errors significantly impair visual performance and learning in children, the authors sought to document ocular morbidity in a region where no previous such record existed.

The authors conducted a descriptive cross-sectional study from September 8, 2022, to March 7, 2023. Children aged 6 to 15 years were included, excluding those with ocular injuries or pathologies. A total of 3600 children were evaluated using a convenience sampling method. Each child underwent visual acuity testing, cycloplegic refraction, and anterior and posterior segment examinations. The results revealed that 668 children (18.56%) had refractive errors. The majority of these cases were found in the 11–15-year age group (58.83%), with boys (54.34%) slightly more affected than girls. Myopia was the most common type (50.90%), followed by astigmatism (30.99%) and hyperopia (18.11%). The study concluded that the

prevalence of refractive error among children in this clinical setting was higher than previously reported in similar regional studies. The authors recommended routine refractive error screening for school-aged children to address this treatable cause of visual impairment. While the study provides important local data, the authors acknowledged the limitation of using convenience sampling and suggested that a community-based study using simple random sampling would enhance generalizability.

Aghaji et al. (2021) carried out a study to explore spectacle design preferences among school-aged children in Enugu State, Nigeria, and to examine the sociodemographic factors associated with these preferences. Recognizing that uncorrected refractive error (URE) can negatively impact children's education and social development, and that aesthetic concerns may influence spectacle compliance, the authors aimed to understand how preferences for spectacle features might affect willingness to wear them.

The research adopted a school-based cross-sectional design between March and June 2018, using a modified Refractive Error Study in Children (RESC) protocol. Multistage cluster sampling was used to select pupils aged 5–15 years from public and private schools located in both urban and rural areas. A total of 1,167 children participated. Each child independently selected their preferred spectacle frame from 17 options based on color, material, shape and size of the lens portion, and earpiece design. Demographic and selection data were collected via a structured questionnaire and analyzed using descriptive statistics, Chi-square tests, and odds ratios, with significance set at the 95% level.

The results showed that the majority of children preferred red-colored frames (40.2%), plastic frames (62.1%), rectangular lenses (55.2%), and straight earpieces (84.6%). Gender, age, and school location were significantly associated with frame color and lens preferences. Red frames were 1.71 times more likely to be chosen by females and 1.5 times more likely to be

selected by older children. Medium-sized lenses were also more preferred by females. Rectangular lenses and straight earpieces were more commonly selected by urban children, indicating potential differences in aesthetic preference based on environment.

The study concluded that spectacle design preferences are influenced by demographic characteristics such as age, gender, and school location. These preferences should be considered in childhood refractive error services to improve spectacle compliance. The authors recommended that stakeholders in eye care and school health programs factor in aesthetic appeal when sourcing or designing spectacles for children, as appearance plays a significant role in whether children will consistently wear them.

Wajuihian & Hansraj (2017) conducted research aimed at understanding refractive error among Black high school students, focusing on its prevalence and distribution related to gender, age, and grade level. Utilizing a multistage random cluster sampling method, they selected 1,586 children—632 males (40%) and 954 females (60%)—with ages between 13 and 18 years, averaging 15.81 ± 1.56 years. They assessed visual functions, including visual acuity via the logarithm of minimum angle of resolution chart and refractive error using an autorefractor, refined subjectively. Astigmatism was analyzed using the vector method, where positive J0 indicated with-the-rule astigmatism, negative values indicated against-the-rule, and J45 represented oblique astigmatism. The study found that myopia was common, with an average spherical power in the right eye of -0.02 ± 0.47 and a mean astigmatic cylinder power of -0.09 ± 0.27, predominantly showing with-the-rule astigmatism (J0 = 0.01 ± 0.11). Prevalence rates included myopia (7%), hyperopia (5%), astigmatism (3%), and anisometropia (3%), with no significant associations found among gender, age, or grade levels. The results suggested a relatively low prevalence of refractive error among high

school students, with indications that myopia prevalence may stabilize in the late teenage years.

Philip et al. (2023) conducted a study to identify the prevalence of refractive error (RE) and associated risk factors for myopia in children and young adults in urban Hyderabad, South India. They enrolled 4,065 participants aged 6-22 years in a cross-sectional study conducted from October 2013 to January 2015. Participants were randomly selected from schools and universities representative of the urban area. Cycloplegic autorefraction was used to determine RE, and logistic regression analyzed demographic correlations with myopia. Among the participants, 2,259 were aged 6-15 years and 1,806 were aged 16-22 years. The prevalence rates included 29.8% for myopia, 2.9% for high myopia, 1.1% for hyperopia, 14.7% for emmetropia, and 8.6% for astigmatism. A strong correlation was found between age and the prevalence of both myopia and high myopia, with children from low socio-economic schools showing a higher prevalence (34.7%) compared to mid socio-economic schools (16.8%).

Yue Zhou et al. (2024) investigated the prevalence of uncorrected refractive error (URE) among adolescents in a cross-sectional study conducted in Nantong, China, involving 2,910 participants aged 12-19 years from 16 schools. URE was defined as presenting visual acuity worse than 6/12 that improved after correction. Age and lifestyle factors were examined through univariate and multivariate logistic regression. The overall prevalence of URE was found to be 23.7%, with a higher prevalence observed in adolescents who were myopic or anisometropic and those using electronic devices extensively. Timely eye examinations and increased extracurricular homework were identified as protective factors against URE. Among those with URE, a significant number did not receive any refractive correction, indicating a need for further intervention strategies to address preventable visual impairments.

R. Kaiti et al. (2024) conducted a descriptive, cross-sectional study to estimate the prevalence of refractive error and compliance with spectacles among children in Tokha municipality, Kathmandu. The study involved 1,366 children aged 5-16 years and included comprehensive ocular assessments. Results showed that 10.91% (149) of participants had refractive errors, with compound myopic astigmatism being the most common type (52.3%). Spectacle compliance was recorded at 72.15%. The findings aligned with similar studies in other regions of Nepal, revealing higher refractive error rates among children using electronic devices, attending private schools, and living in densely populated areas, underscoring the importance of regular community eye camps and vision screenings to address refractive issues in children.

CHAPTER THREE

3.0 METHODOLOGY

3.1 STUDY DESIGN

This study was an observational retrospective study design. It involved the review and analysis of medical records of pediatric patients diagnosed with refractive errors in selected hospitals in Benin City over a ten years period.

3.2 STUDY AREA

This study was carried out in the following Eye Clinics in Benin City, Edo state, Nigeria:

1. Glovera Eye Clinic
2. uniben teaching hospital (UBTH)
3. Gims medical centre

3.3 STUDY PERIOD

The study was carried out over a period of two months.

3.4 POPULATION OF THE STUDY

The target population includes all children aged 6-18 years who visited the eye clinics of the selected hospitals and were diagnosed with any type of refractive error between January 2016 and August, 2025

3.5 SAMPLE SIZE AND SAMPLING TECHNIQUE

All pediatric patient records that meet the inclusion criteria within the selected timeframe was reviewed. This ensures a comprehensive evaluation of all available data relevant to the study objectives.

3.6 SAMPLE SIZE DETERMINATION

Sample size (n)=$\frac{(Z_{1-\alpha/2})^2 \times SD^2}{d^2}$ formula gotten from Charan and Biswas, (2013)

n = Desired sample size

$Z_{1-\alpha/2}$=Critical value and a standard value for the corresponding level of confidence. (At 95% CI or 5% level of significance (type-I error) = 1.96)

SD = standard deviation of variable

d = Margin of error or precision

From the study, Refractive error among urban preschool children in Xuzhou, China by(Wang et al.2014.)

$N=(1.96)^2 \times (0.62)^2 / (0.05)^2$

=590.68

Attrition of 10% of N

590.68 x 10%= 59.068

Sample size=752+75.2

=649.74

3.7 INCLUSION AND EXCLUSION CRITERIA

Inclusion Criteria

Medical records of children aged 6-18 years diagnosed with any type of refractive error.

Records from January 2016 and August, 2025

Complete and legible documentation of age, sex, type of refractive error, and other relevant clinical information.

Exclusion Criteria

Records with missing, illegible, or incomplete data.

Children with visual impairment due to non-refractive causes such as cataracts, glaucoma, or trauma.

Repeat visits of the same patient within the study timeframe (duplicates).

No clinical Instruments like retinoscope needed just previous clinical data

Instrument of Study: Case report analysis

3.8 MATERIALS

Documentation sheet

Biro

Ruler

Laptop

Excel Sheet

3.9 ETHICAL CONSIDERATIONS

Ethical approval was obtained from the Research Ethics Committee of the participating hospitals and also from the faulty of optometry, university of Benin city. Patient confidentiality was maintained by using anonymized data. No identifying information will be included in the data extraction form. The study will adhere to the ethical principles outlined in the Declaration of Helsinki (World Medical Association, 2013).

3.10 PROCEDURE

After obtaining ethical clearance and permission from the hospital authorities, medical records from the eye clinics were accessed and reviewed. Data was manually collected under supervision.

Records of all consecutive patients who presented at the selected hospitals/clinics from January 2016 and August , 2025 with VA of 6/9 or less and showed improvement of one or more lines in distance vision with refraction will be reviewed. The eye with the better presenting visual acuity (PVA) will be used for classifying the patients. The formula sphere plus cylinder/2 was used to determine Spherical error equivalent.

The patients' demographic information such as age, sex, VA , Refractive error and diagnosis was retrieved.

The patients' distance VA for the right eye and left eyes was documented.

And finally, the best corrected visual acuity (BCVA) was recorded.

Refractive status

Low myopia will be defined as > -0.50 D to <-5.0 D,

High myopia as >-5.0 D to <-10.0 D

Extreme myopia as (>-10.0 D).

Low Hypermetropia will be defined as >+0.5 D but < +5.0 D

High hypermetropia as (≥+5.0 D but <+10.0 D)

Extreme hypermetropia as (≥+10.0 D).

(Malu & Ojabo, 2014)

3.11 METHOD OF DATA ANALYSIS

All data will be entered on Microsoft excel and analyzed using the Statistical Package for Social Sciences (SPSS) (Version 26.0 for Windows; SPSS Inc., Chicago, IL, USA). All analysis was done within 95% confidence interval and a two-tailed p-value ≤ 0.05 was considered as statistically significant.

CHAPTER FOUR

4.0 RESULTS

The refractive error records of 719 children aged between 6 and 18 years, were collected between 2016 and 2025 from three health facilities in Benin City. Of this number, 488 (67.9%) were females and 231 (32.1%) were males. 78 (10.8%) were aged between 6 and 8 years, 209 (29.1%) were aged between 9 and 12 years, 217 (30.2%) were aged between 13 and 15 years and 214 (29.8%) were aged between 16 and 18 years (Table 4.1).

Table 4.1: Demographic distribution

Demographic variable	**Group**	**Frequency (%)**	χ^2	**p-value**
Gender	Female	488 (67.9)	91.862	0.000*
	Male	231 (32.1)		
Age	6-8 years	78 (10.8)	76.708	0.000*
	9-12 years	209 (29.1)		
	13-15 years	217 (30.2)		
	16-18 years	214 (29.8)		
Mean age: 13.11±3.29 years				

The most prevalent refractive error was astigmatism (351, 48.8%), while the least prevalent refractive error was anisometropia (2, 0.28%) (Table 4.2. Figure 4.1).

Table 4.2: Prevalence of different types of refractive errors

Refractive error	**Frequency (%)**	χ^2	**p-value**
Astigmatism	351 (48.8)	841.3	0.000*
Myopia	236 (32.8)		
Hyperopia	81 (11.3)		
Myopia/astigmatism	37 (5.2)		
Hyperopia/astigmatism	12 (1.7)		
Anisometropia	2 (0.28)		

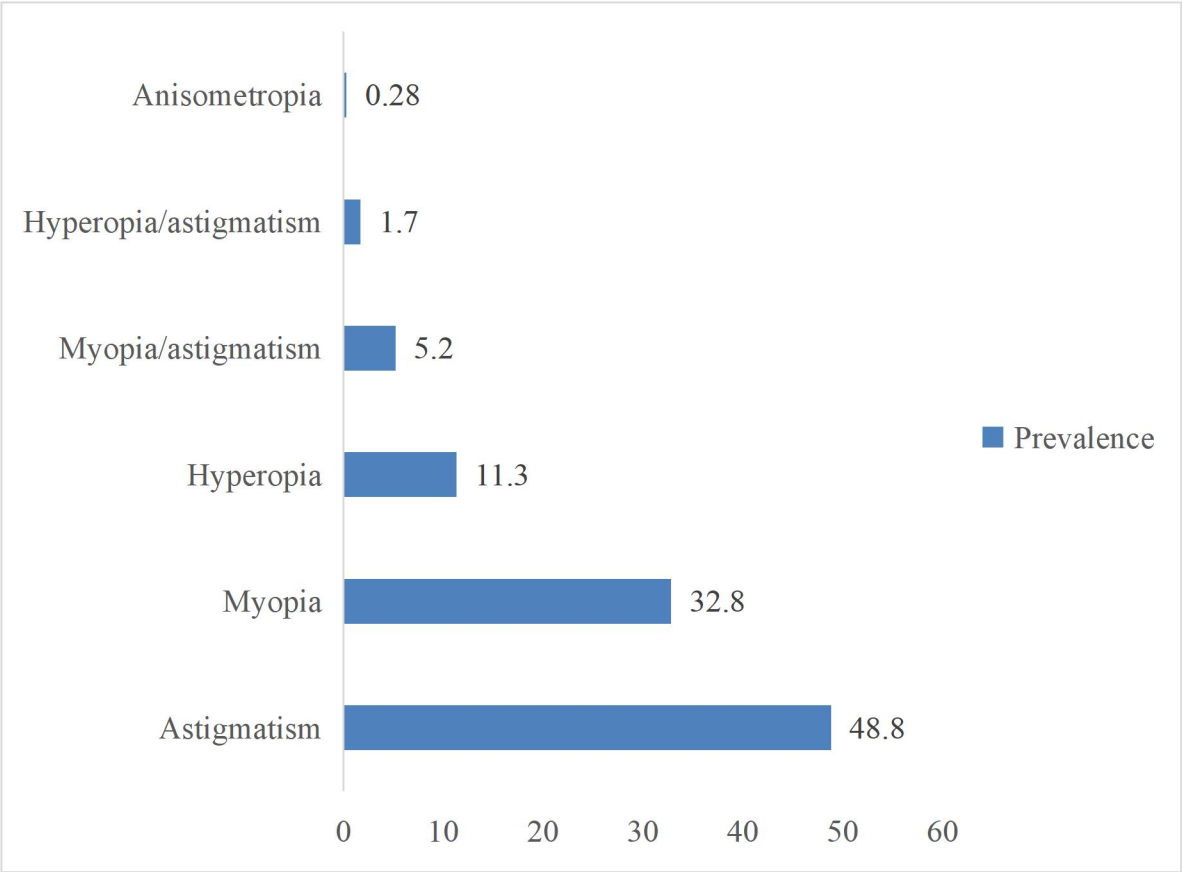

Figure 4.1: Prevalence of refractive errors amongst the children

Gender distribution of refractive errors amongst the children indicated that 236 females had astigmatism, compared to 115 male and showed that 160 female have myopia compared to 76 male, indicating that refractive errors are more prevalent in females. However, no male was reported to have Anisometropia (Table 4.3). T-test indicated that there was a significant difference in the number of females and males with refractive error ($p<0.05$).

Table 4.3: Gender distribution of refractive errors

	Female	**Male**	**t-value**	**p-value**
Astigmatism	236	115	55.606	0.000*
Myopia	160	76		
Hyperopia	56	25		
Myopia/astigmatism	28	9		
Hyperopia/astigmatism	6	6		
Anisometropia	2	0		

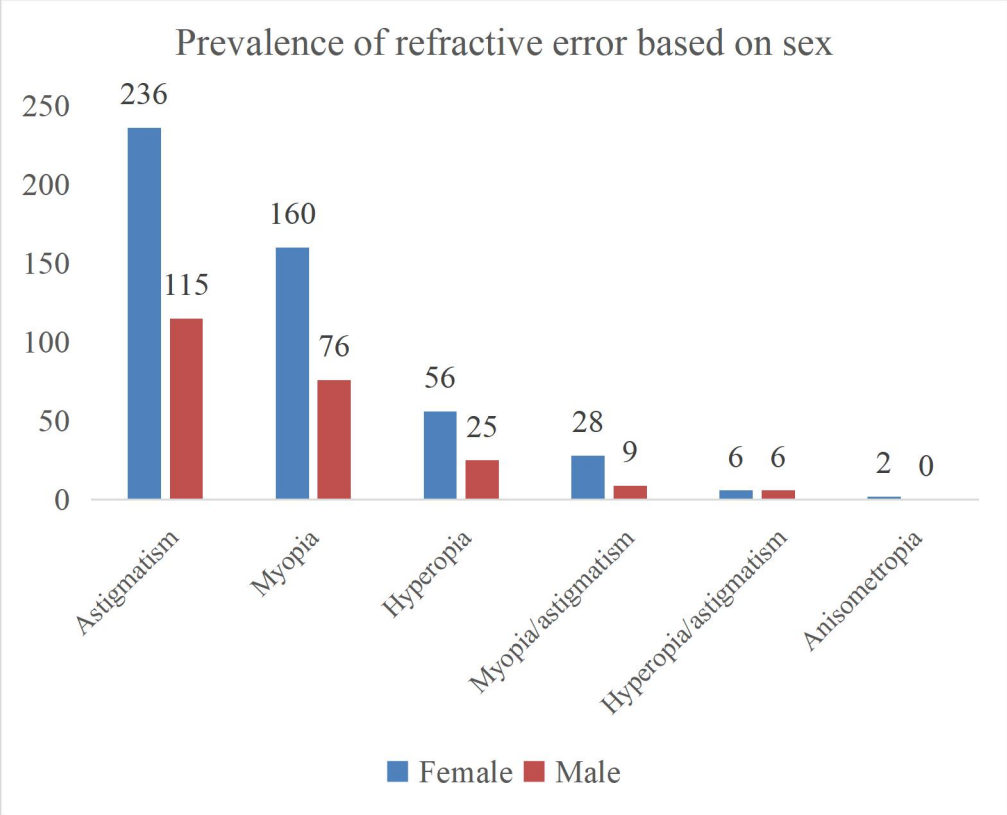

Figure 4.2: Prevalence of refractive error based on sex

Age distribution of refractive errors amongst the children indicated that between 6-8years, astigmatism was prominent compared to other refractive errors in 35 children and as we progress over the years, astigmatism also increased in 96 children and finally having the highest value at 16-18 years in 113 children, while children aged 9-12 years had also myopic/astigmatism, hyperopic astigmatism and Anisometropia.

Also 13-15years manifested all refractive error except anisometropia but in 16-18 years manifested all errors except hyperopic astigmatism. Ranking second as another issue of concern is myopia, also increasing from 29 children between 6-8years, to 71 children between 16-18years.Thirdly, hyperopia also increased a little but really doesn't have a high amount of prevalence, as compared to astigmatism and myopia. T-test indicated that there

was a significant difference in the number of children with refractive error based on age ($p<0.05$).

Table 4.4: Age distribution of refractive errors

	6-8 years	9-12 years	13-15 years	16-18 years	F-value	p-value
Astigmatism	35	96	106	113	23.44	0.000*
Myopia	29	66	70	71		
Hyperopia	10	35	20	16		
Myopia/astigmatism	4	5	15	13		
Hyperopia/astigmatism	0	6	6	0		
Anisometropia	0	1	0	1		

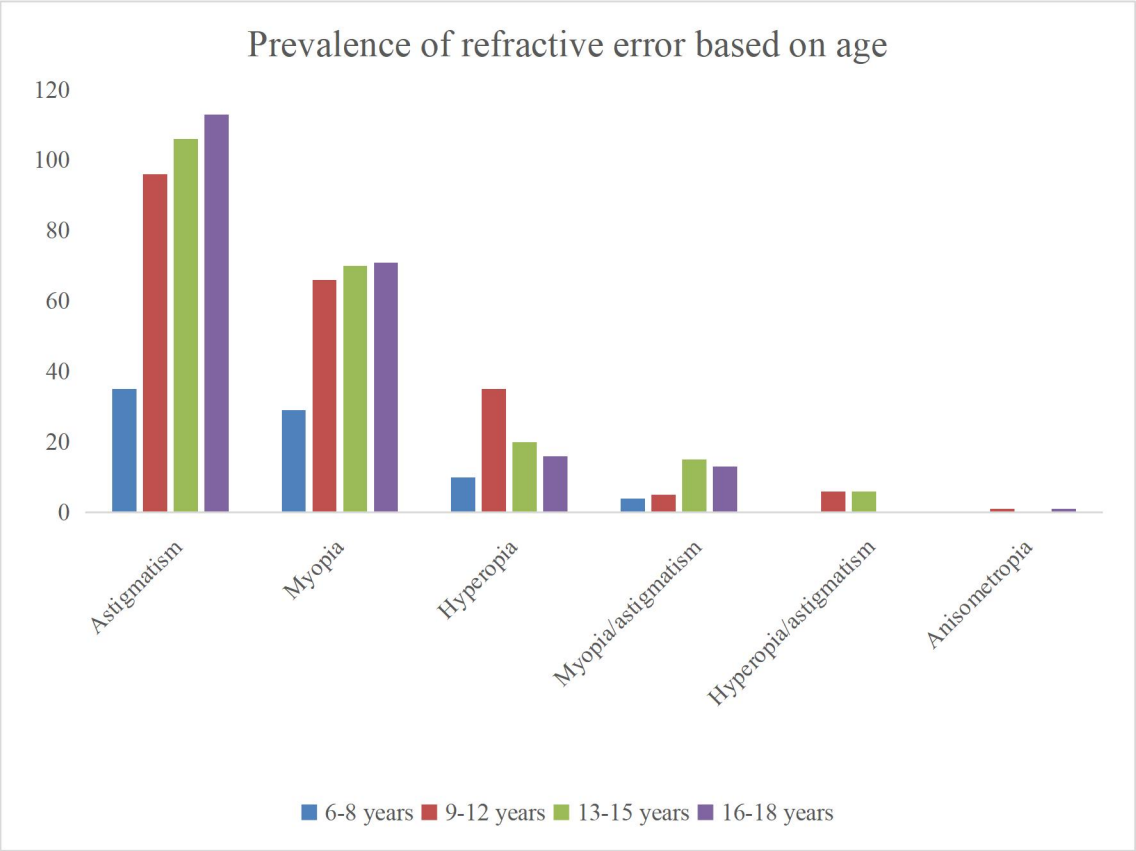

Figure 4.3: Prevalence of refractive error based on age

The most common type of refractive errors among the children was astigmatism.

The absolute number of Astigmatism cases increased from 20 (2016-2017) to 102 (2024-2025). Its proportion of all refractive errors also increased, from 50.0% to up to nearly 60.0% in the most recent years.

The absolute count of Myopia peaked in 2018-2019 and 2020-2021 (59 and 68 cases), then gradually declined to 35 cases in 2024-2025. Its percentage began at 35.0%, peaked at nearly 43.0% in 2018-2019, then dropped to about 20% by the last period.

Hyperopia fluctuated, peaking at 14.49% in 2018-2019, then stabilizing around 11.0% in recent years (Table 4.5).

Table 4.5: Identifiable trends in refractive errors over the years

Year	Astigmatism Frequency	Myopia Frequency	Hyperopia Frequency	Myopia, Astigmatism Frequency	Hyperopia, Astigmatism Frequency	Anisometropia Frequency
2016-2017	20	14	3	3	0	0
2018-2019	54	59	20	4	1	0
2020-2021	85	68	14	7	4	2
2022-2023	90	60	25	10	5	0
2024-2025	102	35	19	13	2	0

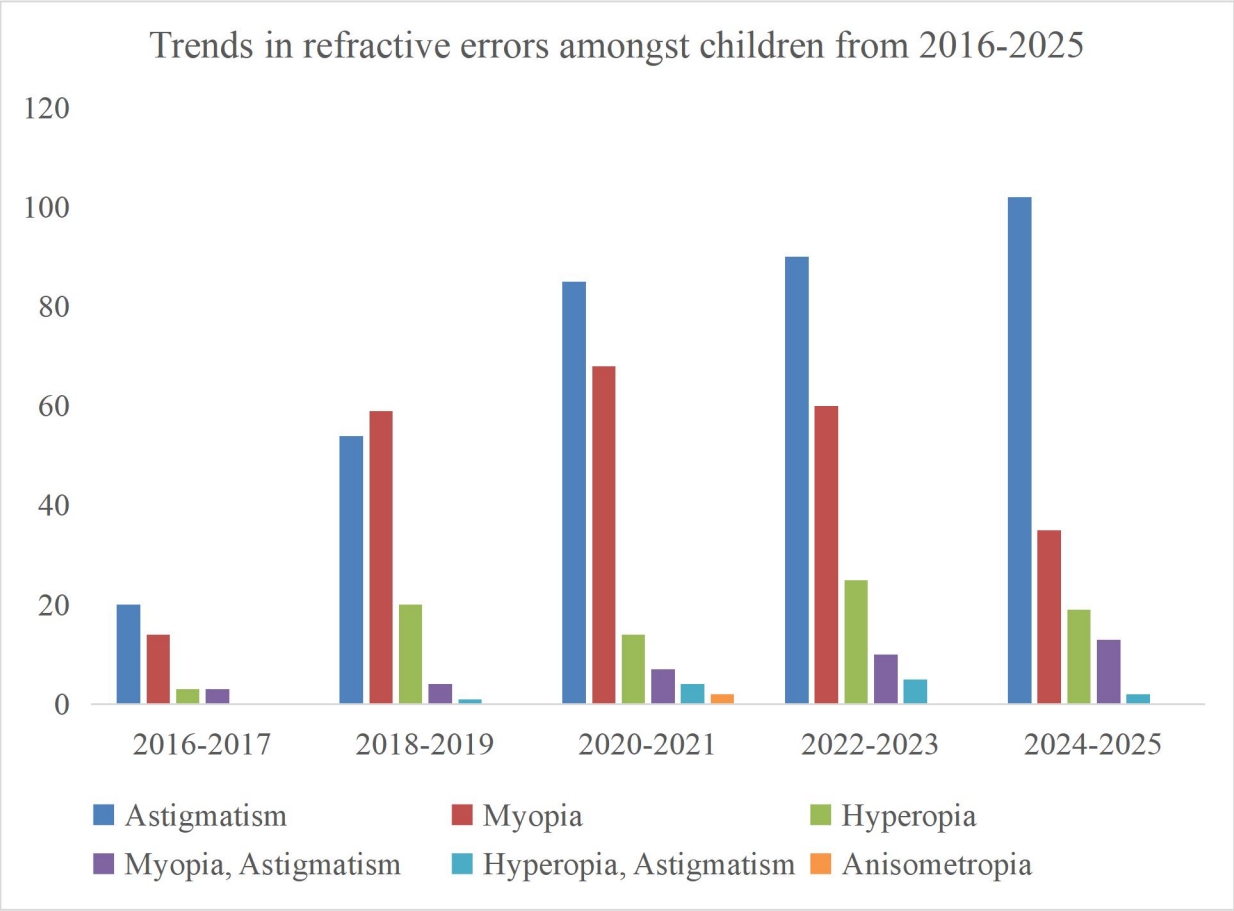

Figure 4.4: Trends in refractive errors amongst children from 2016-2025

CHAPTER FIVE

5.0 DISCUSSION

This study examined the records of 719 children with ages between 6-18 years in three major health facilities in Benin City during a period between 2016 and 2025. The results obtained indicate that the most common refractive error in this population is astigmatism which constitutes 48.8% of all cases, this is followed by myopia (32.8) and hyperopia (11.3). Less frequent were errors mixed like myopia-astigmatism (5.2%), hyperopia-astigmatism (1.7%), and anisometropia (0.28%). It is interesting to note that females were more affected as almost 68 percent of the children with refractive errors were females and majority were the older children (13-18 years old).

This is consistent with the report by other regions in Nigeria and sub-Saharan Africa. To illustrate this, research in southeastern and southwestern Nigeria states that the most prevalent refractive errors among children are myopia and astigmatism but that the proportions can change according to the urban or the rural environment and testing. (Abdul-Kabir *et al*., 2020; Ezegwui *et al*., 2021). The research on Ogun State also identifies myopia as the most common mistake in school-age children and estimates the prevalence rates the same as in Benin City (Otulana *et al*., 2024).

The prevalence of refractive errors is widely distributed across the globe, with the prevalence of myopia in school-aged children reaching up to 80 percent in East Asia (Al Khathami *et al*., 2025) but being lower in Nigeria, and much of West Africa in general, due to genetic, lifestyle, and outdoor activity characteristics (Ovenseri-Ogbomo *et al*., 2017; Ezegwui *et al*., 2021). The comparatively high prevalence of astigmatism that we have recorded in Benin City is consistent with the meta-analytic data in other low- and middle-income locations, in

which the shift in environmental exposures and academic necessities are believed to underpin the refractive phenotype (Al Khathami *et al*., 2025).

Notably, the trends show how the number of cases with Astigmatism has almost increased 5-fold since 20 in 2016-2017 to 102 in 2024-2025, and its share of all refractive errors has risen by 50 to almost 60 percent. The highest myopia occurred during the 2018-2021 periods, and then it started to decrease during the past several years. Hyperopia varied and was not as prevalent as it should not be undermined given its correlation with amblyopia and learning difficulties in children.

Such trends can be compared to regional and international surveys of an increase in myopia and astigmatism, especially in urban areas (Mahayana et al., 2017). The positive change in the prevalence of astigmatism may be associated with urbanization and the growth of the proportion of close-work activities, whereas the variation in myopia may be linked to the dissimilarity in methods of measurement, awareness, or interventions (Rodge and Lokhande, 2020).

The greater female and older children burden in Benin City is in line with the global data, which may be explained by earlier maturation in females, higher reporting of the symptoms, and higher academic near-work in older learners (Olusanya et al., 2019). An urban-rural dichotomy also exists where, in most cases, the urban environment reported the higher prevalence of all refractive errors, which might be attributed to lifestyle and light exposure (Mahayana et al., 2017; Ezegwui et al., 2021).

Although the age of children with refractive errors in this study (13.1 years), much like in other hospital-based research in Africa, is comparable to the average, a considerable number of cases remain uncorrected or even diagnosed later, which is also emphasized in the research

of poor spectacle uptake and late clinical presentation (Olusanya *et al*., 2019; Otulana *et al*., 2024).

The prevalence rates of refractive error are relatively high in Benin City, which is compared with the rest of the African studies and indicates that the prevalence of astigmatism is getting little attention in screening programs (Otulana *et al*., 2024). Numerous foreign reviews now propose compulsory screening of the vision within the school and better supply of spectacles (Rodge and Lokhande, 2020).

CHAPTER SIX

6.0 SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 SUMMARY

The study investigated refractive error patterns in 719 children aged 6–18 years attending three major hospitals in Benin City between 2016 and 2025. Astigmatism emerged as the most common refractive error, accounting for 48.8% of cases, followed by myopia (32.8%) and hyperopia (11.3%). Mixed errors were less common. Notably, females (68%) and older children (ages 13–18) were disproportionately affected. Trends over the study period revealed a marked increase in astigmatism cases, while myopia peaked and recently declined. Statistical analysis showed significant differences in prevalence by age and gender. These patterns align with national and regional findings, indicating urban lifestyle, academic stress, and potential genetic contributions play key roles. The study underscores the urgent need for improved screening and intervention, as many cases remain undetected or untreated, posing risks for learning and development.

6.2 CONCLUSION

The burden of refractive error among children in Benin City is high, with astigmatism dominating overall prevalence and an observable increase over the decade. Myopia, while once more prevalent, has declined in recent years. The gender and age disparities are statistically significant, supporting arguments for targeted interventions. The findings mirror global and Nigerian patterns, especially in urban communities. However, gaps in awareness, screening, and access to care persist, suggesting refractive error remains an under-addressed cause of childhood visual impairment in Edo State.

6.3 RECOMMENDATIONS

Findings from this study has led to the following recommendations:

1. Regular eye examinations for children in schools and hospitals should be instituted to enable early detection and treatment.
2. Develop and integrate comprehensive eye care services into school health policies, including screening, referrals, and spectacle provision.
3. Increase community education to improve understanding of refractive error symptoms, risks, and the importance of spectacle compliance.
4. Focus interventions on females and older children to mitigate the higher burden observed.
5. Undertake community-based studies, including rural populations, to better generalize findings and assess spectacle uptake and compliance.
6. Use local data to inform state and municipal health planning, training, and resource allocation in pediatric optometry.

These recommendations aim to address gaps in childhood eye health and reduce preventable visual impairment, ensuring children in Benin City achieve their full academic and developmental potential.

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APPENDIX I

ETHICAL APPROVAL

DEPARTMENT OF OPTOMETRY
UNIVERSITY OF BENIN, BENIN CITY, NIGERIA.
RESEARCH AND ETHICS COMMITTEE

Date: 31st October, 2025.

JIGBALE LAURA ERUKE,
Faculty of Optometry,
University of Benin, Benin City

Dear **JIGBALE LAURA ERUKE,**

I write to inform you that you have been granted full ethical approval for you to carry out research project **"PREVELANCE AND PATTERN OF REFRACTIVE ERROR IN CHILDREN IN SELECTED HOSPITALS IN BENIN CITY, EDO STATE".** The REC approval number is **EC/UBEN/LSC.OPT/25/128.** This is sequel to a successful ethical review of your submitted research protocols by the Research and Ethics Committee.

You are however expected to adhere strictly to internationally acceptable ethical standards relating to biomedical research involving humans and animals and at all times ensure that the rights, dignity and privileges of volunteering participants are upheld. Any amendments to this study protocol, unless urgently required to ensure the safety of participants, must be approved by REC prior to implementation.

We would appreciate receiving copies of all publications and excerpts arising from this study for filling and possible interventions. Please quote the reference number in all correspondence to this committee.

Thank you.

Dr. (Mrs.) Juno O. Okukpon
Project Coordinator

For:
Chair, Research and Ethics Committee
Faculty Of Optometry,
University Of Benin.

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Faculty of Optometry,
University of Benin,
28th October, 2025

The Chairperson
Research Ethics Committee (REC)
Faculty of Optometry,
University of Benin.

Through;
The Project Coordinator,
Faculty of Optometry.
University of Benin,
P.M.B 1154
Ugbowo, Benin City.

Dear Sir/Ma,

RE: APPLICATION FOR ETHICAL REVIEW AND CLEARANCE

I hereby apply for ethical clearance to conduct a research study titled:

"PREVELANCE AND PATTERN OF REFRACTIVE ERROR IN CHILDREN IN SELECTED HOSPITALS IN BENIN CITY, EDO STATE".

This study aims to assess the prevalence and pattern of Refractive error in children in selected hospitals in Benin city, Edo state.

Principal investigator (PI):

Dr. (Mrs.) DR.UWAGBOE NGOZI

Investigator:

JIGBALE LAURA ERUKE

LSC1806930

I kindly request the Research Ethics Committee to provide the required application documents for completion and submission as part of the ethical review process.

Thank you for your consideration. I look forward to your favorable response.

Yours faithfully,

JIGBALE LAURA ERUKE

Investigator

INTELLECTUAL PROPERTY & TECHNOLOGY TRANSFER OFFICE (IPTTO)

Vice Chancellor's Office
University of Benin
PMB1154, Benin City, Nigeria

CLEARANCE FORM

DATE: 4/11/25

NAME: Jigbale Laura Fruke

MATRIC NO: LSC1806930

DEPARTMENT: Optometry

FACULTY: Optometry

SESSION OF GRADUATION: 2024/2025

DIRECTOR
DATE .....
IPTTO (VCO)
UNIBEN, BENIN CITY.

Head Of Unit (IPTTO)

APPENDIX II

Data Analysis
Frequencies

Statistics

		Gender	Age	Refractive error
N	Valid	719	719	719
	Missing	0	0	0

Frequency Table

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	488	67.9	67.9	67.9
	Male	231	32.1	32.1	100.0
	Total	719	100.0	100.0	

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	.1	.1	.1
	13-15	217	30.2	30.2	30.3
	16-18	214	29.8	29.8	60.1
	6-8	78	10.8	10.8	70.9
	9-12	209	29.1	29.1	100.0
	Total	719	100.0	100.0	

Refractive error

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Astigmatism	351	48.8	48.8	48.8
	Hyperopia	81	11.3	11.3	60.1

	Hyperopia, Astigmatism	12	1.7	1.7	61.8
	Myopia	236	32.8	32.8	94.6
	Myopia, Astigmatism	37	5.1	5.1	99.7
	Myopia, Hyperopia	2	.3	.3	100.0
	Total	719	100.0	100.0	

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Gender * Refractiveerror	719	100.0%	0	0.0%	719	100.0%
Age * Refractiveerror	719	100.0%	0	0.0%	719	100.0%

Gender * Refractiveerror Crosstabulation

Count

		Refractiveerror				
		Astigmatism	Hyperopia	Hyperopia, Astigmatism	Myopia	Myopia, Astigmatism
Gender	Female	236	56	6	160	28
	Male	115	25	6	76	9
Total		351	81	12	236	37

Gender * Refractiveerror Crosstabulation

Count

		Refractiveerror	
		Myopia, Hyperopia	Total
Gender	Female	2	488
	Male	0	231
Total		2	719

Age * Refractiveerror Crosstabulation

Count

	Refractiveerror

		Astigmatism	Hyperopia	Hyperopia, Astigmatism	Myopia	Myopia, Astigmatism
Age		1	0	0	0	0
	13-15	106	20	6	70	15
	16-18	113	16	0	71	13
	6-8	35	10	0	29	4
	9-12	96	35	6	66	5
Total		351	81	12	236	37

Age * Refractiveerror Crosstabulation

Count

		Refractiveerror	
		Myopia, Hyperopia	Total
Age		0	1
	13-15	0	217
	16-18	1	214
	6-8	0	78
	9-12	1	209
Total		2	719

Timestamp	Year of visitation ?	Name of hospital/eye clinic	Gender	Age range of patients	Visual Acuity	Refractive Error Detected	Refractive error prescription:	Geographical region
9/10/2025 15:24:37	2020-2021	GIMS	Male	13-15	OD:6/18 OS:6/9	Astigmatism	OD:+0.50DS/-0.50DCx90 OS:+0.50DS/-0.50DCx75	Benin City
9/10/2025 15:31:10	2022-2023	GIMS	Male	9-12	OD:6/24 OS:6/18	Myopia	OU: -1.00DS	Benin City
9/10/2025 15:32:32	2022-2023	GIMS	Female	13-15	OU:6/6	Hyperopia	OU: 0.50DS	Benin City
9/10/2025 15:34:12	2022-2023	GIMS	Male	13-15	OD:6/12 OS:6/9	Astigmatism	OD:-0.50DS/-0.50DCx180 OS:-0.50DS/-0.50DCx180	Benin City
9/10/2025 15:35:58	2024-2025	GIMS	Female	16-18	OD:6/18 OS:6/9	Astigmatism	OU:-1.25DS/-0.25DCx90	Benin City
9/10/2025 15:38:18	2022-2023	GIMS	Female	16-18	OU:CF@2M	Myopia	OU: -3.50DS	Benin City
9/10/2025 15:39:35	2022-2023	GIMS	Female	16-18	OU:6/6	Myopia	OU: -0.25DS	Benin City
9/10/2025 15:41:54	2018-2019	Glovera	Male	13-15	OD:6/6-2 OS:6/9+2	Astigmatism,Myopias	OD:PL/+0.25DCx180 OS: -0.25DS	Benin City
9/10/2025 15:43:06	2018-2019	Glovera	Female	6-8	OD:6/9 OS:6/12+2	Hyperopia	OU: +0.50DS	Benin City
9/10/2025 15:43:54	2018-2019	Glovera	Female	16-18	OU:6/6	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/10/2025 15:45:31	2018-2019	Glovera	Female	9-12	OU:6/12	Myopia	OU:-0.50DS	Benin City
9/10/2025 15:48:27	2020-2021	GIMS	Male	6-8	OU:6/60	Myopia	OD:-8.00DS OS:-9.00DS	Benin City
9/10/2025 15:50:00	2022-2023	GIMS	Female	16-18	OU:6/6	Hyperopia	OU: +0.50DS	Benin City
9/10/2025 15:50:57	2020-2021	GIMS	Male	13-15	OD:6/18 OS:6/9	Astigmatism	OD:+0.50DS/-0.50DCx90 OS:+0.50DS/-0.50DCx75	Benin City
9/10/2025 15:52:53	2020-2021	GIMS	Female	13-15	OD:6/6 OS:6/6-2	Astigmatism	OD:-0.25DS/-0.25DCx180 OS:-0.25DS/-0.25DCx180	Benin City
9/10/2025 15:54:43	2018-2019	Glovera	Male	16-18	OU:6/36	Astigmatism	OU:-0.25DS/-1.00DCx180	Benin City

9/10/2025 15:56:02	2018-2019	Glovera	Male	13-15	OD:6/6 OS:6/6+	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/10/2025 15:57:25	2018-2019	Glovera	Female	9-12	OD:6/60 OS:6/60+	Myopia	OU: -5.00DS	Benin City
9/10/2025 15:58:16	2018-2019	Glovera	Female	9-12	OU:6/9	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/10/2025 16:02:22	2018-2019	Glovera	Male	9-12	OD:6/60 OS:6/36	Myopia	OU:-2.25DS	Benin City
9/10/2025 16:05:10	2018-2019	Glovera	Male	9-12	OU:6/9	Hyperopia	OU: -2.50DS	Benin City
9/10/2025 16:06:15	2018-2019	Glovera	Female	16-18	OU:6/9+	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/10/2025 16:10:20	2016-2017	Glovera	Female	13-15	OU:6/36	Myopia	OU:-2.50DS	Benin City
9/10/2025 16:12:19	2016-2017	Glovera	Female	9-12	OD:6/12 OS:6/9	Myopia	OD:-0.50DS OS:-0.75DS	Benin City
9/10/2025 16:14:22	2016-2017	Glovera	Female	13-15	OU: HM@6M	Myopia	OU:-14.00DS	Benin City
9/10/2025 16:17:35	2016-2017	Glovera	Female	13-15	OU:6/6-2	Astigmatism	OU:+0.25DS/-0.25DCx90	Benin City
9/10/2025 16:19:42	2016-2017	Glovera	Female	13-15	OU:6/9	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/10/2025 16:20:51	2016-2017	Glovera	Female	16-18	OU:6/6	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/10/2025 16:22:47	2016-2017	Glovera	Female	6-8	OU:6/6	Hyperopia	OU: +0.50DS	Benin City
9/10/2025 21:36:08	2018-2019	Glovera	Female	9-12	OU:6/60+	Myopia	OU: -5.00DS	Benin City
9/10/2025 21:37:11	2020-2021	Glovera	Female	9-12	OD:6/18 OS:6/12	Myopia	OU:-0.75DS	Benin City
9/10/2025 21:38:44	2020-2021	Glovera	Female	13-15	OU: 3/36	Myopia	OU: -2.75DS	Benin City
9/10/2025 21:41:37	2020-2021	Glovera	Female	16-18	OU:6/12	Astigmatism,Myopia	OD: -1.00DS/-0.25DCX180 OS: -1.00DS	Benin City
9/10/2025 21:42:41	2018-2019	Glovera	Female	16-18	OU:6/60	Myopia	OU: -2.00DS	Benin City

9/10/2025 21:45:46	2024-2025	Ubth	Male	13-15	OD:6/6-3 OS:6/6-1	Hyperopia	OD:+0.75DS OS:+1.00DS	Benin City
9/10/2025 21:49:02	2024-2025	Ubth	Male	9-12	OU:6/18	Astigmatism	OD:+1.00DS/-6.00DCx180 OS:+1.00DS/-7.00DCx180	Benin City
9/10/2025 21:50:42	2024-2025	Ubth	Male	9-12	OU:6/6	Hyperopia	OU:+0.25DS	Benin City
9/10/2025 21:55:06	2018-2019	Glovera	Female	6-8	OD:6/9 OS:6/9-	Astigmatism	OU:PL/-0.50DCx180	Benin City
9/10/2025 21:57:47	2018-2019	Glovera	Female	13-15	OD:6/6+ OS:6/9-	Astigmatism	OD:PL/+0.25DCx180 OS:PL/-0.50DCx180	Benin City
9/10/2025 22:00:01	2024-2025	Ubth	Female	13-15	OU:6/5	Astigmatism,Hyperopia	OD:+0.50/-0.25DC x 90 OS:+0.25DS	Benin City
9/10/2025 22:01:59	2024-2025	Ubth	Female	16-18	OD:6/9-3 OS:6/9-2	Astigmatism	OD:PL/-0.25DCx70 OS:PL/-0.25DCx130	Benin City
9/10/2025 22:02:55	2018-2019	Glovera	Female	13-15	OU:6/9	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/10/2025 22:04:32	2018-2019	Glovera	Male	13-15	OD:6/9-2 OS:6/9	Myopia	OU: -0.50DS OU: -0.25DS	Benin City
9/10/2025 22:06:33	2018-2019	Glovera	Female	16-18	OD:6/18 OS:6/24	Myopia	OU: -0.75DS	Benin City
9/10/2025 22:09:07	2018-2019	Glovera	Female	16-18	OU:6/36	Myopia	OU: -2.00DS	Benin City
9/10/2025 22:10:51	2024-2025	Ubth	Male	13-15	OD:6/18 OS:6/12-2	Myopia	OU: -2.25DS	Benin City
9/10/2025 22:12:27	2024-2025	Ubth	Male	16-18	OU:6/5	Astigmatism	OU:+0.50DS/-0.25DCx90	Benin City
9/10/2025 22:17:02	2024-2025	Ubth	Female	9-12	OD:6/18+ OS:6/36	Astigmatism	OD:-3.00DS/-1.50DCx180 OS:-5.50DS/-1.50DCx180	Benin City
9/10/2025 22:18:13	2024-2025	Ubth	Female	13-15	OU:6/6	Hyperopia	OU: +0.50DS	Benin City
9/10/2025 22:19:47	2024-2025	Ubth	Female	9-12	OU:6/36+1	Myopia	OU:-4.00DS	Benin City
9/10/2025 22:22:14	2024-2025	Ubth	Female	13-15	OD:6/18 OS:6/6-3	Astigmatism	OD:PL/-1.00DCx180 OS:PL/-0.25DCx180	Benin City

9/10/2025 22:23:27	2024-2025	Ubth	Female	6-8	OD:6/36-1 OS:6/24-1	Myopia	OU: -2.00DS	Benin City
9/10/2025 22:25:38	2024-2025	Ubth	Female	13-15	OD:6/12-1 OS:6/18	Myopia,Astigmatism	OU: -3.00DS OU: -2.50DS/-1.00DC x 180	Benin City
9/10/2025 22:29:50	2024-2025	Ubth	Female	6-8	OD:6/9-1 OS:6/6-2	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/10/2025 22:32:02	2024-2025	Ubth	Male	6-8	OD:6/6-2 OS:6/6-3	Astigmatism	OD:+0.75DS/-0.75DCx90 OS:+0.75DS/-0.75DCx90	Benin City
9/10/2025 22:34:48	2024-2025	Ubth	Female	13-15	OD:6/6-3 OS:6/12	Astigmatism	OD:-0.50DS/-1.00DCx180 OS:-0.50DS/-1.50DCx180	Benin City
9/10/2025 22:36:55	2024-2025	Ubth	Male	6-8	OD: Cf@3m OS: Cf@1.5m	Myopia	OU: -13.00DS	Benin City
9/10/2025 22:39:19	2024-2025	Ubth	Male	9-12	OD:6/60 OS:Cf@3m	Astigmatism, Myopia	OD:-4.00DS/-0.50DCx180 OS:-5.00DS	Benin City
9/10/2025 22:42:00	2024-2025	Ubth	Female	9-12	OD:6/6 OS:6/9+2	Astigmatism	OD:+0.50DS/-0.25DCx75 OS:+0.50DS/-0.25DCx95	Benin City
9/10/2025 22:43:51	2024-2025	Ubth	Male	9-12	OD:6/9+2 OS:6/9+1	Astigmatism	OU:+0.25DS/-0.25DCx180	Benin City
9/10/2025 22:46:17	2024-2025	Ubth	Female	9-12	OD:6/9 OS:6/6	Astigmatism	OD:PL/-0.50DCx90 OS:PL/-0.25DCx90	Benin City
9/10/2025 22:47:52	2018-2019	Glovera	Female	16-18	OU:6/9+	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/10/2025 22:49:00	2018-2019	Glovera	Female	16-18	OD:6/36 OS:6/24	Myopia	OU: -1.50DS	Benin City
9/10/2025 22:50:59	2024-2025	Ubth	Male	9-12	OU:6/18-1	Astigmatism	OU:-11.00DS/1.25DSx180	Benin City
9/10/2025 22:53:27	2024-2025	Ubth	Male	16-18	OD:6/5-2 OS:6/36	Astigmatism, Myopia	OD:+0.25DC/-0.25DCx90 OS: -0.50DS	Benin City
9/11/2025 21:30:56	2018-2019	Glovera	Female	9-12	OU:3/18	Myopia	OU: -2.25DS	Benin City
9/11/2025 21:32:52	2018-2019	Glovera	Male	13-15	OU:6/9	Astigmatism	OU:PL/-0.50DCx90	Benin City
9/11/2025 21:34:24	2024-2025	Ubth	Female	6-8	OD:6/6+ OS:6/5-3	Astigmatism	OU:PL/-0.50DCx180	Benin City

9/11/2025 21:35:36	2024-2025	Ubth	Female	6-8	OU:6/6	Hyperopia	OU:+0.50DS	Benin City
9/11/2025 21:37:37	2024-2025	Ubth	Male	6-8	OD: Cf@3m OS: Cf@1.5m	Myopia	OD:-10.00DS OS:-9.00DS	Benin City
9/11/2025 21:38:58	2024-2025	Ubth	Female	6-8	OD:6/9+1 OS:6/9+3	Hyperopia	OU: +0.25DS	Benin City
9/11/2025 21:40:33	2024-2025	Ubth	Female	13-15	OD:6/6-3 OS:6/6-1	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/11/2025 21:42:08	2024-2025	Ubth	Male	9-12	OU:6/6	Hyperopia	OU: +0.50DS OU: +0.25DS	Benin City
9/11/2025 21:44:33	2018-2019	Glovera	Female	13-15	OU:6/5	Hyperopia	OU: +0.25DS	Benin City
9/11/2025 21:45:26	2018-2019	Glovera	Male	16-18	OD:6/6 OS:6/9	Myopia	OU: -0.25DS	Benin City
9/11/2025 21:47:32	2018-2019	Glovera	Male	13-15	OU:6/6	Astigmatism	OD:+0.50DS/-0.25DCx90 OS:+0.50DS/-0.25DCx180	Benin City
9/11/2025 21:49:14	2018-2019	Glovera	Female	13-15	OD:6/5-3 OS:6/6+	Hyperopia	OU: +0.50DS	Benin City
9/11/2025 21:50:12	2018-2019	Glovera	Female	6-8	OU:6/9	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/11/2025 21:51:01	2018-2019	Glovera	Female	16-18	OU:6/60	Myopia	OU: -4.00DS	Benin City
9/11/2025 21:52:37	2018-2019	Glovera	Female	16-18	OD:6/6 OS:6/9	Astigmatism	OD:PL/+0.25DCx180 OS:PL/-0.25DCx90	Benin City
9/11/2025 21:54:18	2018-2019	Glovera	Female	16-18	OD:6/36 OS:6/24	Myopia	OD: -1.75DS OS: -1.25DS	Benin City
9/11/2025 21:56:42	2018-2019	Glovera	Female	13-15	OU:OU:6/36+1	Astigmatism	OD:PL/-1.75DCx30 OS:PL/-1.75DCx180	Benin City
9/11/2025 21:59:57	2018-2019	Glovera	Male	13-15	OU:6/24	Myopia, Astigmatism	OD: -2.00DS OS:-2.00DS/-0.50DCx90	Benin City
9/11/2025 22:01:23	2018-2019	Glovera	Male	16-18	OD:6/9-1 OS:6/12-2	Myopia	OD: -0.50DS OS: -1.00DS	Benin City
9/11/2025 22:02:55	2018-2019	Glovera	Male	16-18	OU:3/60	Myopia	OU:-8.00DS	Benin City

9/11/2025 22:04:28	2018-2019	Glovera	Female	16-18	OD:6/60 OS:6/60+	Myopia	OU: -4.00DS	Benin City
9/11/2025 22:05:39	2018-2019	Glovera	Male	9-12	OD:6/9 OS:6/6	Astigmatism	OU:PL/+0.25DCx90	Benin City
9/11/2025 22:08:35	2020-2021	GIMS	Female	9-12	OU:6/12	Astigmatism	OU:+0.50DS/-0.50DCx90	Benin City
9/11/2025 22:10:07	2024-2025	GIMS	Female	13-15	OU:6/18-	Myopia,Astigmatism	OD: -1.00DS OS:PL/-0.25DCx90	Benin City
9/11/2025 22:11:40	2022-2023	GIMS	Male	9-12	OD:6/12 OS:6/6	Astigmatism	OD:+1.50DS/-0.75DCx90 OS:+0.50DS/-0.50DCx90	Benin City
9/11/2025 22:13:11	2024-2025	Ubth	Female	13-15	OD:6/12-1 OS:6/18	Astigmatism	OD:-0.50DS/-0.50DCx160 OS:-0.50DS/-0.50DCx40	Benin City
9/11/2025 22:15:10	2024-2025	Ubth	Male	6-8	OU:6/6-2	Astigmatism	OD:+0.25DS/-0.25DCx180 OS:+0.25DS/-0.25DCx180	Benin City
9/11/2025 22:17:20	2016-2017	Glovera	Male	6-8	OU:6/12	Astigmatism	OD:+0.25/-0.75DCx106 OS:PL/-1.50DCx109	Benin City
9/11/2025 22:18:56	2018-2019	Glovera	Female	9-12	OU:6/6	Astigmatism	OU:PL/+0.25DCx90	Benin City
9/11/2025 22:19:47	2018-2019	Glovera	Female	16-18	OU:6/60	Myopia	OU: -7.00DS	Benin City
9/11/2025 22:20:57	2018-2019	Glovera	Male	9-12	OU:6/9+	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/11/2025 22:21:53	2018-2019	Glovera	Female	9-12	OU:6/6	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/11/2025 22:23:01	2018-2019	Glovera	Female	16-18	OU:6/6-	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/11/2025 22:23:51	2018-2019	Glovera	Female	9-12	OU:6/9-	Myopia	OU:-0.25DS	Benin City
9/11/2025 22:25:57	2018-2019	Glovera	Female	9-12	OU:3/36	Myopia	OD: -3.00DS	Benin City
9/11/2025 22:26:42	2018-2019	Glovera	Male	13-15	OD:6/6 OS:6/9	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/11/2025 22:27:53	2018-2019	Glovera	Female	16-18	OU:6/6	Hyperopia	OU: +0.25DS	Benin City
9/11/2025	2018-2019	Glovera	Male	16-18	OU:6/36	Myopia	OU: -1.75DS	Benin City

22:28:45								
9/11/2025 22:29:48	2018-2019	Glovera	Female	6-8	OU:6/9	Astigmatism	OU:PL/-0.50DCx90	Benin City
9/11/2025 22:32:18	2016-2017	Glovera	Male	13-15	OD:HM OS: 6/24	Myopia	OU:-4.50DS	Benin City
9/11/2025 23:17:53	2024-2025	Ubth	Female	13-15	OD:Cf@1.5 OS:Cf@2.5m	Astigmatism, Myopia	OD:-4.25DS/-1.50DC x 180 OS:-6.50DS	Benin City
9/11/2025 23:19:29	2024-2025	Ubth	Female	16-18	OD:6/9 OS:6/12	Astigmatism	OD:+1.25DS/-0.50DCx180 OS:+1.00DS/-0.25DCx180	Benin City
9/11/2025 23:21:10	2024-2025	Ubth	Female	13-15	OU:6/5-3	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/11/2025 23:23:59	2024-2025	Ubth	Male	9-12	OD:6/9+3 OS:6/9+1	Astigmatism	OD:+3.25DS/-0.50DCx30 OS:+3.25DS/-0.50DCx150	Benin City
9/11/2025 23:26:00	2024-2025	Ubth	Female	16-18	OD:6/60 OS:6/36	Astigmatism	OD:-5.00DS/-2.00DCx180 OS:-5.00DS/-2.00DCx180	Benin City
9/11/2025 23:28:12	2024-2025	Ubth	Female	13-15	OD:6/6- OS:6/6	Astigmatism	OD:+0.75DS/-0.50DCx90 OS:+0.75DS/-0.50DCx90	Benin City
9/11/2025 23:31:42	2024-2025	Ubth	Female	9-12	OU:6/5	Astigmatism	OU:+0.25DS/-0.25DCx90	Benin City
9/11/2025 23:33:52	2024-2025	Ubth	Male	9-12	OD:6/12 Os:Cf@0.5	Hyperopia	OU:+0.50DS	Benin City
9/11/2025 23:35:31	2022-2023	GIMS	Female	16-18	OD:6/24 OS:6/12	Astigmatism	OD:-0.50DS/-0.50DCx180 OS:-0.50DS/-0.50DCx180	Benin City
9/11/2025 23:37:34	2024-2025	GIMS	Female	16-18	OD:6/6 OS:6/9	Astigmatism	OD:-0.50DS/-0.50DCx180 OS:-0.75DS/-0.50DCx180	Benin City
9/11/2025 23:39:28	2022-2023	GIMS	Female	13-15	OD:6/6 OS:6/9	Astigmatism	OD:-0.50DS/-0.25DCx90 OS:-0.50DS/-0.25DCx90	Benin City
9/11/2025 23:40:35	2022-2023	GIMS	Male	6-8	OU:Cf@3m	Myopia	OU: -6.00DS	Benin City
9/11/2025 23:42:08	2018-2019	Glovera	Female	9-12	OD:6/18 OS:6/12	Astigmatism	OU:+0.25DS/-0.75DCx90	Benin City
9/11/2025 23:43:04	2018-2019	Glovera	Female	16-18	OU:6/24	Myopia	OU:-1.50DS	Benin City
9/11/2025	2018-2019	Glovera	Female	9-12	OU:6/6	Astigmatism	OU:PL/-0.25DCx90	Benin City

23:44:09								
9/11/2025 23:44:55	2018-2019	Glovera	Female	9-12	OU:6/12	Myopia	OU: -0.25DS	Benin City
9/11/2025 23:46:00	2018-2019	Glovera	Female	13-15	OU:6/36	Myopia	OU: -2.00DS	Benin City
9/11/2025 23:46:57	2018-2019	Glovera	Female	16-18	OD:6/18-1 OS:6/18	Myopia	OU: -1.00DS	Benin City
9/11/2025 23:47:55	2018-2019	Glovera	Male	9-12	OU:6/6	Hyperopia	OU:+0.25DS	Benin City
9/11/2025 23:48:53	2018-2019	Glovera	Female	13-15	OU:6/36	Myopia	OU:-1.75DS	Benin City
9/11/2025 23:50:13	2018-2019	Glovera	Female	6-8	OD:6/9 OS:6/9-	Astigmatism	OU:PL/-0.50DCx90	Benin City
9/11/2025 23:51:25	2018-2019	Glovera	Female	9-12	OD:6/18 OS:6/24	Myopia	OD:-1.00DS OS:-1.25DS	Benin City
9/11/2025 23:53:48	2018-2019	Glovera	Female	13-15	OD:6/6 OS:6/9-1	Astigmatism	OD:+0.25DS-/0.25DCx90 OS:+0.25DS-/0.50DCx180	Benin City
9/11/2025 23:57:42	2018-2019	Glovera	Male	16-18	OD:6/18-1 S:6/12	Myopia	OU: -2.00DS OU: -1.00DS	Benin City
9/11/2025 23:58:31	2018-2019	Glovera	Female	9-12	OD:6/9+1 OS:6/6	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/11/2025 23:59:58	2018-2019	Glovera	Male	16-18	OD:6/9 OS:6/12	Astigmatism	OU:PL/-0.50DCx90	Benin City
9/12/2025 0:01:18	2018-2019	Glovera	Male	9-12	OU:6/36	Myopia	OU:-14.00DS	Benin City
9/12/2025 0:03:03	2018-2019	Glovera	Male	16-18	OU:6/6+	Astigmatism	OU:PL/+0.25DCx90	Benin City
9/12/2025 0:04:36	2018-2019	Glovera	Female	9-12	OU:6/9	Myopia	OU: -0.50DS	Benin City
9/12/2025 0:05:56	2018-2019	Glovera	Female	16-18	OD:6/24 OS:6/9	Myopia	OU: -1.00DS	Benin City
9/12/2025 0:07:03	2018-2019	Glovera	Female	6-8	OU:6/18	Myopia	OU: -1.25DS	Benin City
9/12/2025 0:08:45	2022-2023	GIMS	Female	9-12	OD:6/6+1 OS:6/6+3	Astigmatism	OU:PL/-0.25DCx180	Benin City

9/12/2025 0:09:46	2022-2023	GIMS	Male	6-8	OU:6/6-	Myopia	OU:-0.50DS	Benin City
9/12/2025 0:11:34	2022-2023	GIMS	Male	6-8	OD:6/12 OS:6/18	Astigmatism	OU:PL/-0.50DCx180	Benin City
9/12/2025 0:12:47	2022-2023	GIMS	Male	6-8	OD:6/6- OS:6/9+	Astigmatism	OU:PL/-0.50DCx90	Benin City
9/12/2025 0:14:56	2018-2019	Glovera	Male	6-8	OD:6/9-2 OS:6/9+1	Myopia	OU: -0.75DS OU: -0.25DS	Benin City
9/12/2025 0:16:30	2018-2019	Glovera	Female	16-18	OU:6/36	Myopia	OU: -2.00DS	Benin City
9/12/2025 0:18:44	2018-2019	Glovera	Female	9-12	OU:6/36	Myopia	OU: -2.50DS	Benin City
9/12/2025 0:20:13	2018-2019	Glovera	Female	13-15	OU:6/6-2	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/12/2025 1:45:02	2018-2019	Glovera	Male	13-15	OD:6/12+2 OS:6/9+	Myopia	OU: -0.50DS OU: -0.25DS	Benin City
9/12/2025 1:46:10	2018-2019	Glovera	Male	9-12	OU:6/6	Hyperopia	OU:+0.25DS	Benin City
9/12/2025 1:47:58	2018-2019	Glovera	Female	13-15	OU:6/36-1	Astigmatism	OU:-2.25DS/-0.50DCX90	Benin City
9/12/2025 1:49:18	2018-2019	Glovera	Female	6-8	OD:6/36 OS:6/24	Myopia	OU:-1.75DS	Benin City
9/12/2025 1:51:30	2018-2019	Glovera	Female	16-18	OD:6/18 OS:6/9	Astigmatism	OD:PL/+1.00DCx120 OS:pL/-0.50DCX 160	Benin City
9/12/2025 1:52:19	2018-2019	Glovera	Female	16-18	OU:6/6	Myopia	OU:-0.25DS	Benin City
9/12/2025 1:53:41	2018-2019	Glovera	Male	9-12	OU:6/18-	Hyperopia	OU: +1.25DS	Benin City
9/12/2025 1:54:48	2018-2019	Glovera	Female	9-12	OU:6/9	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/12/2025 1:56:08	2018-2019	Glovera	Female	9-12	OU:6/4	Hyperopia	OU: +0.75DS	Benin City
9/12/2025 1:57:10	2018-2019	Glovera	Female	13-15	OU:6/9	Astigmatism	OU:PL/-0.25DCx180	Benin City

9/12/2025 2:00:10	2018-2019	Glovera	Male	13-15	OD:6/6 OS:6/12	Myopia	OD:-0.25DS OS:-0.50DS	Benin City
9/12/2025 2:01:33	2018-2019	Glovera	Male	16-18	OD:6/9+1 OS:6/24	Myopia	OD: -0.25DS OS: -0.50DS	Benin City
9/12/2025 2:02:31	2018-2019	Glovera	Male	9-12	OU:6/9	Hyperopia	OU: +0.25DS	Benin City
9/12/2025 2:04:06	2018-2019	Glovera	Female	9-12	OD:6/5- OS:6/6+	Astigmatism,Hyperopia	OD:+0.50DS/-0.25DCX90 OS:+0.50DS	Benin City
9/12/2025 2:05:08	2018-2019	Glovera	Female	9-12	OU:6/9	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/12/2025 2:06:06	2018-2019	Glovera	Male	16-18	OU:6/36	Astigmatism	OU:-0.25/-1.00DCX180	Benin City
9/12/2025 2:07:27	2018-2019	Glovera	Male	13-15	OD:6/6 OS:6/6+	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/12/2025 2:08:59	2018-2019	Glovera	Male	9-12	OD:6/60 OS:3/36	Myopia	OU: -2.25DS	Benin City
9/12/2025 2:13:40	2022-2023	GIMS	Male	9-12	OD:6/6 OS:6/9	Astigmatism	OU:PL/-0.50DCx180	Benin City
9/12/2025 2:14:32	2018-2019	Glovera	Female	9-12	OU:6/6	Hyperopia	OU:+0.50DS	Benin City
9/12/2025 2:15:28	2018-2019	Glovera	Male	16-18	OD:6/6-2 OS:6/6-1	Hyperopia	OU:+0.25DS	Benin City
9/12/2025 2:17:09	2016-2017	Glovera	Male	9-12	OU:6/9+3	Hyperopia	OU:+0.25DS	Benin City
9/12/2025 2:18:22	2016-2017	Glovera	Male	16-18	OU:6/9	Astigmatism	OU:+0.50DS/-0.25X180	Benin City
9/12/2025 2:19:08	2016-2017	Glovera	Female	16-18	OU:6/6	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/12/2025 2:19:36	2020-2021	Glovera	Female	16-18	OU:6/6	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/12/2025 2:20:45	2018-2019	Glovera	Female	6-8	OU:6/24	Myopia	OU: -1.25DS	Benin City
9/12/2025 2:22:24	2018-2019	Glovera	Male	9-12	OU:LP@6m	Myopia	OU:-3.00DS	Benin City

9/12/2025 2:23:51	2020-2021	Glovera	Female	9-12	OU:6/6	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/12/2025 2:25:51	2018-2019	Glovera	Female	16-18	OU:6/6-	Astigmatism	OD:PL/-0.25DCx180 OS:PL/+0.25DCx90	Benin City
9/12/2025 2:26:41	2022-2023	GIMS	Male	9-12	OU:6/5	Myopia	OU: -0.25DS	Benin City
9/12/2025 2:28:05	2022-2023	GIMS	Female	9-12	OD:Cf@3m OS:6/12	Myopia	OU: -0.50DS	Benin City
9/12/2025 2:29:32	2022-2023	GIMS	Male	6-8	OU:6/9	Astigmatism	OU:PL/-0.50DCx180	Benin City
9/12/2025 2:30:04	2024-2025	GIMS	Female	9-12	OU:6/18	Myopia	OU: -1.00DS	Benin City
9/12/2025 8:18:44	2022-2023	GIMS	Female	9-12	OU:6/60	Myopia	OU: -3.50DS	Benin City
9/12/2025 8:26:25	2022-2023	GIMS	Female	16-18	OU: Cf@2m	Myopia	OU:-3.25DS	Benin City
9/12/2025 8:29:05	2022-2023	GIMS	Female	9-12	OD:6/60 OS:6/36-1	Myopia	OU: -1.00DS	Benin City
9/12/2025 8:30:30	2022-2023	GIMS	Female	16-18	OD:6/24 OS:6/36	Myopia	OU:-0.75DS	Benin City
9/12/2025 8:33:39	2018-2019	Glovera	Male	13-15	OD:3/36 OS:6/36	Myopia, Astigmatism	OD: -6.50DS OS:-3.00DS/-1.00DCx90	Benin City
9/12/2025 8:35:14	2020-2021	Glovera	Female	9-12	OU:6/6	Astigmatism	OD:PL/-0.25DCx180 OS:PL	Benin City
9/12/2025 8:35:56	2018-2019	Glovera	Female	16-18	OU:6/6	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/12/2025 8:37:29	2018-2019	Glovera	Male	13-15	OD:6/9 OS:6/12-1	Astigmatism	OU:-0.25DS/-0.50DCx90	Benin City
9/12/2025 8:41:29	2018-2019	Glovera	Female	16-18	OD:6/60 OS:HM@6m	Myopia	OD:-3.00DS OS:-1.00DS	Benin City
9/12/2025 8:44:50	2018-2019	Glovera	Male	13-15	OD:6/36 OS:6/12-1	Myopia, Astigmatism	OD:-1.25DS OS:-0.50DS/-0.50DCx90	Benin City
9/12/2025 8:45:47	2018-2019	Glovera	Female	9-12	OU: HM@6m	Myopia	OU: -5.00DS	Benin City

9/12/2025 8:47:33	2018-2019	Glovera	Male	13-15	OU:6/36	Astigmatism	OD:PL/-1.50DCx180 OS:PL/-1.00DCx150	Benin City
9/12/2025 9:26:14	2016-2017	Glovera	Female	9-12	OU:6/9	Myopia	OU:-0.25DS	Benin City
9/12/2025 9:28:18	2016-2017	Glovera	Male	16-18	OD:6/9 OS:6/12	Myopia, Astigmatism	OU: -1.00DS OS:-0.50DS/-0.50DCx180	Benin City
9/12/2025 9:28:58	2016-2017	Glovera	Female	16-18	OU:6/9	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/12/2025 9:29:58	2016-2017	Glovera	Male	13-15	OD:6/36 OS:6/60	Myopia	OU: -3.00DS	Benin City
9/12/2025 9:30:48	2016-2017	Glovera	Male	13-15	OD:6/6 OS:6/9	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/12/2025 9:31:34	2016-2017	Glovera	Male	9-12	OU:6/6	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/12/2025 9:33:07	2016-2017	Glovera	Female	16-18	OU:6/6	Myopia, Astigmatism	OD: -0.50DS OU: -0.25DS/-0.50DCx90	Benin City
9/12/2025 9:34:05	2016-2017	Glovera	Female	6-8	OU:3/24	Myopia	OU: -3.00DS	Benin City
9/12/2025 9:34:54	2020-2021	GIMS	Male	9-12	OD:6/18 OS:6/9	Myopia	OU: -1.25DS	Benin City
9/12/2025 9:36:09	2022-2023	GIMS	Male	16-18	OU:Cf@2m	Myopia	OU: -8.00DS	Benin City
9/12/2025 9:37:29	2020-2021	Glovera	Female	9-12	OU:6/18	Astigmatism	OU:PL/-0.50DCx90	Benin City
9/12/2025 9:38:31	2022-2023	GIMS	Female	9-12	OU:6/6	Hyperopia	OU: +0.50DS	Benin City
9/12/2025 9:39:28	2016-2017	Glovera	Female	6-8	OU:6/60+	Myopia	OU: -9.00DS	Benin City
9/12/2025 9:40:01	2016-2017	Glovera	Female	9-12	OU:6/9	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/12/2025 9:41:07	2016-2017	Glovera	Female	16-18	OD:6/36 OS:6/60	Myopia	OU: -5.00DS	Benin City
9/12/2025 9:42:56	2016-2017	Glovera	Female	13-15	OD:6/24- OS:6/36	Astigmatism ,Myopia	OD:-4.00DS/-1.00DCx90 OS: -6.00DS	Benin City
9/12/2025	2016-2017	Glovera	Female	9-12	OU:6/6	Astigmatism	OU:PL/-0.25DCx90	Benin City

9:44:03								
9/12/2025 9:44:45	2016-2017	Glovera	Male	13-15	OU:6/6	Hyperopia	OU:+0.75DS	Benin City
9/12/2025 11:15:14	2024-2025	Ubth	Female	6-8	OD:6/12 OS:6/12+1	Astigmatism	OU:PL/-0.75DCx180	Benin City
9/12/2025 11:16:40	2018-2019	Ubth	Female	16-18	OD:6/36 OS:6/24	Myopia	OU: -1.50DS	Benin City
9/12/2025 11:17:46	2018-2019	Glovera	Female	9-12	OU:6/6	Astigmatism	OU:PL/+0.25DCx90	Benin City
9/12/2025 11:18:41	2018-2019	Glovera	Female	16-18	OU: 6/60	Myopia	OU: -7.00DS	Benin City
9/12/2025 11:19:32	2018-2019	Glovera	Female	9-12	OU:6/9	Hyperopia	OU:+0.25DS	Benin City
9/12/2025 11:20:45	2018-2019	Glovera	Female	13-15	OU:6/60	Myopia	OU: -7.00DS	Benin City
9/12/2025 12:30:43	2018-2019	Ubth	Female	16-18	OU:6/9	Hyperopia	OD:+0.50DS/-0.50DCx90 OS:+0.25DS/-0.50DCx90	Benin City
9/12/2025 12:32:40	2024-2025	Ubth	Male	9-12	OU:6/5	Hyperopia	OU:+0.50DS	Benin City
9/12/2025 12:34:58	2024-2025	Ubth	Female	9-12	OU:6/5	Hyperopia	OU:+0.75DS	Benin City
9/12/2025 12:36:41	2018-2019	Glovera	Female	9-12	OD:6/9 OS:6/6	Myopia	OU:-0.25DS	Benin City
9/12/2025 12:39:17	2018-2019	Glovera	Male	9-12	OU:6/6	Astigmatism	OU:+0.50/-0.50DCX90	Benin City
9/12/2025 12:41:05	2018-2019	Glovera	Male	9-12	OU:6/9+	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/12/2025 12:42:04	2018-2019	Glovera	Female	16-18	OU:6/6-1	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/12/2025 12:42:48	2018-2019	Glovera	Male	9-12	OU:3/24	Myopia	OU: -3.00DS	Benin City
9/12/2025 12:43:59	2018-2019	Glovera	Female	16-18	OU:6/60	Myopia	OU:-1.75DS	Benin City
9/12/2025 12:49:31	2018-2019	Glovera	Male	13-15	OD:6/5 OS:6/6+2	Hyperopia	OU:+0.75DS	Benin City
9/12/2025	2018-2019	Glovera	Female	6-8	OD:6/9+3	Hyperopia	OU:+0.50DS	Benin City

12:52:26					OS:6/6-3			
9/12/2025 12:54:31	2018-2019	Glovera	Female	16-18	OU:6/6	Astigmatism	OU:PL/+0.50DCx180	Benin City
9/12/2025 12:55:47	2018-2019	Glovera	Female	9-12	OU:6/6-1	Astigmatism	OU:-0.25DS/-0.25DSX90	Benin City
9/12/2025 12:57:16	2018-2019	Glovera	Male	6-8	OD:6/9 S:6/6	Astigmatism	OD:PL/-0.50DCx180 OS:PL	Benin City
9/12/2025 12:59:11	2018-2019	Glovera	Female	16-18	OD:6/36 OS:6/24	Astigmatism	OD:PL/-1.50DCx30 OS:PL/-1.00DCx120	Benin City
9/12/2025 13:00:43	2018-2019	Glovera	Female	9-12	OD:6/12 OS:6/9	Myopia	OU: -0.50DS	Benin City
9/12/2025 13:01:42	2018-2019	Glovera	Female	9-12	OD:6/36-1 OS:6/36	Myopia	OU: -5.00DS	Benin City
9/12/2025 13:03:05	2018-2019	Glovera	Female	13-15	OD:6/12 OS:6/9	Myopia	OU: -0.50DS	Benin City
9/12/2025 13:03:47	2018-2019	Glovera	Male	16-18	OU:HM@6m	Myopia	OU: -5.00DS	Benin City
9/12/2025 13:06:16	2018-2019	Glovera	Male	6-8	OU:6/60+	Myopia	OU:-10.00DS	Benin City
9/12/2025 13:07:42	2018-2019	Glovera	Male	13-15	OU:6/36	Myopia	OU: -2.00DS	Benin City
9/12/2025 13:09:15	2016-2017	Glovera	Male	13-15	OU:6/36	Myopia	OU: -2.25DS	Benin City
9/12/2025 13:11:46	2016-2017	Glovera	Male	16-18	OU:6/36	Astigmatism	OU:-3.50DS/-0.25DCX90	Benin City
9/12/2025 13:15:51	2016-2017	Glovera	Female	13-15	OU:6/12	Astigmatism	OD:PL/-0.75DCx180 OS:-0.75DS/-0.50DCx180	Benin City
9/12/2025 13:17:47	2016-2017	Glovera	Male	9-12	OU:6/18	Myopia	OD:-0.75DS OS: -1.00DS	Benin City
9/12/2025 13:20:20	2016-2017	Glovera	Female	13-15	OU:3/60	Myopia	OU: -8.00DS	Benin City
9/12/2025 13:22:00	2018-2019	Glovera	Male	13-15	OU:6/6	Hyperopia	OU:+0.50DS	Benin City
9/12/2025 13:24:34	2018-2019	Glovera	Female	16-18	OU:6/6	Hyperopia	OU:+0.25DS	Benin City

9/12/2025 13:25:43	2018-2019	Glovera	Male	16-18	OU:6/36	Myopia	OU:-1.75DS	Benin City
9/12/2025 13:31:09	2018-2019	Glovera	Male	6-8	OU:6/9	Astigmatism	OU:PL/-0.50DCx90	Benin City
9/12/2025 13:32:23	2018-2019	Glovera	Female	16-18	OU:6/6	Hyperopia	OU:+0.75DS	Benin City
9/12/2025 13:34:41	2018-2019	Glovera	Male	9-12	OU:6/6	Astigmatism	OU:+0.50DS/-0.50DCx90	Benin City
9/12/2025 13:36:45	2018-2019	Glovera	Male	9-12	OU:3/36	Myopia	OU: -3.00DS	Benin City
9/12/2025 13:39:24	2018-2019	Glovera	Female	13-15	OU:6/18-2	Astigmatism	OD:PL/-0.75DCx90 OS:PL/-1.25DCx90	Benin City
9/12/2025 13:42:30	2018-2019	Glovera	Male	13-15	OD:6/6 OS:6/9+	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/12/2025 13:53:54	2016-2017	Glovera	Female	16-18	OU:6/9	Astigmatism	OD:PL/-0.25DCx180 OS:-0.25DS/-0.25DCx180	Benin City
9/12/2025 13:55:09	2016-2017	Glovera	Male	16-18	OU:6/6	Astigmatism	OU:Pl/-0.25DS X 180	Benin City
9/12/2025 13:56:23	2016-2017	Glovera	Female	9-12	OU:6/12	Astigmatism	OU:PL/-0.75DCx90	Benin City
9/12/2025 13:59:15	2016-2017	Glovera	Female	13-15	OU:6/6	Astigmatism	OD:PL/-0.25DCx20 OS:PL/-0.25DCx90	Benin City
9/12/2025 13:59:51	2016-2017	Glovera	Female	9-12	OU:6/60	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/12/2025 14:03:24	2018-2019	Glovera	Male	16-18	OD:6/9 OS:6/12	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/12/2025 14:04:49	2018-2019	Glovera	Female	16-18	OD:6/9-1 OS:6/12-1	Myopia	OU: -0.50DS	Benin City
9/12/2025 14:08:46	2018-2019	Glovera	Female	9-12	OU:6/6+	Hyperopia	OU:+0.25DS	Benin City
9/12/2025 14:12:58	2018-2019	Glovera	Female	13-15	OU:6/6	Astigmatism	OU:PL/+0.25DCx90	Benin City
9/12/2025 14:14:51	2016-2017	Glovera	Male	13-15	OU:6/36	Myopia	OU: -1.75DS	Benin City
9/12/2025 14:16:41	2016-2017	Glovera	Female	16-18	OU:6/9	Astigmatism	OU:PL/-0.25DCx180	Benin City

9/12/2025 14:18:41	2016-2017	Glovera	Female	16-18	OU:6/60	Myopia	OU:-1.50DS	Benin City
9/12/2025 14:29:37	2016-2017	Glovera	Male	13-15	OU:6/9	Astigmatism	OD:PL/+0.50DCx180 OS:PL/+0.25DCx180	Benin City
9/13/2025 8:40:55	2020-2021	Glovera	Female	9-12	OD:6/18 OS:6/12	Myopia	OU:-0.75DS	Benin City
9/13/2025 8:41:54	2020-2021	Glovera	Female	13-15	OU:3/36	Myopia	OU:-2.75DS	Benin City
9/13/2025 8:43:38	2020-2021	Glovera	Female	16-18	OU:6/12	Astigmatism, Myopia	OD:-1.00DS/-0.25x180 Os:-1.00DS	Benin City
9/13/2025 8:44:28	2020-2021	Glovera	Female	6-8	OU:6/6	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/13/2025 8:45:28	2020-2021	Glovera	Female	13-15	OU:6/24-1	Myopia	OU: -4.00DS	Benin City
9/13/2025 8:46:43	2020-2021	Glovera	Female	13-15	OD:6/60 OS:6/36+1	Myopia	OU: -1.50DS	Benin City
9/13/2025 8:47:39	2020-2021	Glovera	Female	16-18	OU:6/5	Hyperopia	OU:+0.50DS	Benin City
9/13/2025 8:51:13	2020-2021	Glovera	Female	13-15	OD:6/9 OS:6/9+2	Astigmatism	OD:PL/-0.50DCx90 OS:PL/-0.25DCx90	Benin City
9/13/2025 8:53:58	2020-2021	Glovera	Female	16-18	OD:3/36 OS:6/60	Myopia	OU: -5.00DS	Benin City
9/13/2025 8:54:55	2020-2021	Glovera	Female	16-18	OD:6/24 OS:6/18	Myopia	OU: -1.00DS	Benin City
9/13/2025 8:55:53	2020-2021	Glovera	Female	16-18	OU:6/60	Myopia	OU:-2.75DS	Benin City
9/13/2025 8:57:23	2020-2021	Glovera	Male	16-18	OU:6/6	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/13/2025 9:00:02	2020-2021	Glovera	Female	13-15	OU:6/6	Astigmatism	OD:+0.50DS/-0.25DCx90 OD:+0.25DS/-0.25DCx90	Benin City
9/13/2025 9:01:32	2020-2021	Glovera	Male	13-15	OU:6/9	Myopia	OU: -0.50DS	Benin City
9/13/2025 9:04:01	2020-2021	Glovera	Female	13-15	OD:6/6-3 OS:6/12	Hyperopia, Astigmatism	OD:+0.50DS OS:+0.50DS/-0.75DCx180	Benin City
9/13/2025	2020-2021	Glovera	Female	13-15	OD:6/6+	Astigmatism	OU:+0.50DS/-0.50DCx90	Benin City

9:07:45					OS:6/5-			
9/13/2025 9:12:14	2020-2021	Glovera	Female	6-8	OD:6/36 OS:6/60+1	Myopia	OU:-1.75DS	Benin City
9/13/2025 9:14:11	2020-2021	Glovera	Female	16-18	OD:6/9+1 OS:6/6	Astigmatism	OU:+0.50DS/-0.25DCx90	Benin City
9/13/2025 9:19:45	2020-2021	Glovera	Male	13-15	OU:6/9	Astigmatism	OD:PL/-0.75DCx90 OS:PL/-1.25DCx90	Benin City
9/13/2025 9:22:10	2020-2021	Glovera	Female	13-15	OD:6/6- OS:6/6	Hyperopia	OU:+0.25DS	Benin City
9/13/2025 9:25:29	2020-2021	Glovera	Female	13-15	OD:6/60 OS:6/36	Myopia	OU:-3.00DS	Benin City
9/13/2025 9:27:31	2020-2021	Glovera	Female	13-15	OU:6/60	Myopia	OU: -4.50DS	Benin City
9/13/2025 9:28:54	2020-2021	Glovera	Female	16-18	OU:3/60	Myopia	OU:-4.50DS	Benin City
9/13/2025 9:31:45	2020-2021	Glovera	Female	6-8	OD:6/9-2 OS:6/9-1	Astigmatism	OU:Pl/-0.25DCx90	Benin City
9/13/2025 9:33:10	2020-2021	Glovera	Female	13-15	OD:6/18 OS:6/12	Myopia	OU: -0.50DS	Benin City
9/13/2025 9:34:25	2020-2021	Glovera	Female	9-12	OU:6/60	Myopia	OU: -5.50DS	Benin City
9/13/2025 10:11:50	2020-2021	Glovera	Male	9-12	OD:6/9+3 OS:6/6-1	Hyperopia	OU:+0.50DS	Benin City
9/13/2025 10:12:34	2020-2021	Glovera	Female	16-18	OU:6/24-1	Myopia	OU: -5.00DS	Benin City
9/13/2025 10:14:52	2020-2021	Glovera	Female	9-12	OU:6/6	Astigmatism	OD:PL/-0.25DCx180 OS:PL/-0.25DCx90	Benin City
9/13/2025 10:16:41	2020-2021	Glovera	Male	16-18	OD:6/5 OS:6/6	Astigmatism	OU:+0.50DS/-0.50DCx180	Benin City
9/13/2025 10:34:34	2020-2021	Glovera	Female	13-15	OU:6/9	Astigmatism	OD:PL/-0.25DCx90 OS:PL/-0.25DCx35	Benin City
9/13/2025 10:41:22	2020-2021	Glovera	Female	9-12	OD:6/18 OS:6/12	Myopia	OD: -0.75DS OS: -0.50DS	Benin City
9/13/2025 10:42:47	2020-2021	Glovera	Male	16-18	OU:6/5	Astigmatism	OD:PL/+0.25DCx90 Os:PL	Benin City

9/13/2025 10:57:18	2020-2021	Glovera	Female	13-15	OU:6/6	Astigmatism	OD:+0.50DS/-0.25DCx180 OS:+0.50DS/-0.25DCx90	Benin City
9/13/2025 10:58:55	2020-2021	Glovera	Female	9-12	OU:6/6	Astigmatism	OD:PL/+0.25DCx180 OS:PL/+0.25DCx90	Benin City
9/13/2025 10:59:45	2020-2021	Glovera	Male	13-15	OU:6/6	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/13/2025 11:01:35	2020-2021	Glovera	Male	13-15	OD:6/60 OS:3/24	Myopia	OD:-2.00DS OS:-3.00DS	Benin City
9/13/2025 11:03:27	2020-2021	Glovera	Female	9-12	OD:6/12+2 OS:6/9-2	Astigmatism	OU:PL/-0.50DCx90	Benin City
9/13/2025 11:05:28	2020-2021	Glovera	Female	9-12	OU:6/24	Astigmatism	OU:-2.50DS/-0.75DCx180	Benin City
9/13/2025 11:08:07	2020-2021	Glovera	Female	16-18	OD:6/9+3 OS:6/6-3	Anisometropia	OD:-0.25DS OS:+0.25DS	Benin City
9/13/2025 11:10:24	2020-2021	Glovera	Male	16-18	OD:6/9-1 OS:6/12	Myopia	OU: -0.50DS	Benin City
9/13/2025 11:11:17	2020-2021	Glovera	Female	16-18	OU:6/36	Myopia	OU: -4.00DS	Benin City
9/13/2025 11:12:42	2020-2021	Glovera	Female	16-18	OD:6/9-1 OS:6/6-1	Myopia	OU: -0.50DS OU: -0.25DS	Benin City
9/14/2025 18:13:26	2020-2021	Glovera	Male	13-15	OU:6/6	Astigmatism	OU:+0.25DS/+0.25DCx180	Benin City
9/14/2025 18:15:38	2020-2021	Glovera	Female	16-18	OU:6/60	Myopia	OU: -3.00DS	Benin City
9/14/2025 18:18:10	2020-2021	Glovera	Female	13-15	OD:6/24+ OS:6/18	Astigmatism	OU:PL/-0.75DCx180	Benin City
9/14/2025 18:27:24	2020-2021	Glovera	Female	13-15	OD:6/12+1 OS:6/24+2	Astigmatism	OD:PL/-0.50DCx90 OS:-0.75DS/-0.50DCx90	Benin City
9/14/2025 18:30:06	2020-2021	Glovera	Male	13-15	OD:6/18 OS:6/12	Myopia	OU: -0.50DS	Benin City
9/14/2025 19:37:27	2020-2021	Glovera	Male	16-18	OD:6/18-1 OS:6/9	Hyperopia	OU: +0.25DS	Benin City
9/14/2025 19:40:41	2020-2021	Glovera	Female	6-8	OD:3/60 OS:6/60	Myopia	OU: -2.50DS	Benin City

9/14/2025 19:42:41	2020-2021	Glovera	Male	9-12	OD:2/60 OS:3/60	Myopia	OU:-2.50DS	Benin City
9/14/2025 19:44:26	2020-2021	Glovera	Female	16-18	OD:6/18 OS:6/12-1	Myopia	OD: -0.75DS OS: -0.50DS	Benin City
9/14/2025 19:46:47	2020-2021	Glovera	Male	13-15	OD:6/9 OS:6/6-1	Astigmatism	OD:PL/-0.25DCx180 OS:PL/-0.25DCx90	Benin City
9/14/2025 19:48:15	2020-2021	Glovera	Female	16-18	OU:6/6+	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/14/2025 19:49:37	2020-2021	Glovera	Female	16-18	OD:6/9+2 OS:6/12	Myopia	OU: -0.50DS	Benin City
9/14/2025 19:53:04	2020-2021	Glovera	Female	16-18	OU:6/6	Astigmatism	OU:+0.50DS/-0.25DCx90	Benin City
9/14/2025 19:55:16	2020-2021	Glovera	Female	9-12	OD:6/5- OS:6/6+	Astigmatism	OU:+0.25DS/+0.25DCx180	Benin City
9/14/2025 19:57:36	2020-2021	Glovera	Female	16-18	OU:6/6-2	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/14/2025 20:00:35	2020-2021	Glovera	Female	16-18	OU:3/60	Myopia	OU:-7.00DS	Benin City
9/14/2025 20:02:32	2020-2021	Glovera	Female	9-12	OU:6/9	Astigmatism	OD:PL/-0.25DCx90 OS:PL/-0.50DCx90	Benin City
9/14/2025 20:04:53	2020-2021	Glovera	Male	9-12	OD:6/12 OS:6/6	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/14/2025 20:05:51	2020-2021	Glovera	Female	16-18	OU:6/6	Hyperopia	OU: +0.50DS	Benin City
9/14/2025 20:07:04	2020-2021	Glovera	Female	13-15	OU:6/6	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/14/2025 20:07:58	2020-2021	Glovera	Female	16-18	OU:6/6	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/14/2025 20:09:32	2020-2021	Glovera	Female	9-12	OU:6/5	Hyperopia	OU: +0.50DS	Benin City
9/14/2025 20:10:58	2020-2021	Glovera	Female	9-12	OU:6/36	Myopia	OU: -2.75DS	Benin City
9/14/2025 20:13:55	2020-2021	Glovera	Male	9-12	OU:6/18	Astigmatism	OD:-1.25DS/-0.50DCx90 OS:-1.25DS/-0.50DCx90	Benin City
9/14/2025	2020-2021	Glovera	Male	16-18	OU:6/6+	Hyperopia	OU: +0.25DS	Benin City

20:14:50								
9/14/2025 20:15:46	2020-2021	Glovera	Female	16-18	OD:6/5-1 OS:6/6+	Hyperopia	OU: +0.50DS	Benin City
9/14/2025 20:19:03	2020-2021	Glovera	Male	16-18	OD:6/36+	Astigmatism	OD:+0.75DS/-0.75DCx30 OD:+0.75DS/-0.75DCx180	Benin City
9/14/2025 20:20:40	2020-2021	Glovera	Female	9-12	OD:6/9 OS:6/9+3	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/14/2025 20:21:54	2020-2021	Glovera	Male	16-18	OU:6/6	Astigmatism	OU:PL/-0.50DCx180	Benin City
9/14/2025 20:23:16	2020-2021	Glovera	Male	13-15	OU:6/36	Myopia	OU: -3.00DS	Benin City
9/14/2025 20:24:48	2020-2021	Glovera	Female	16-18	OU:6/9+	Astigmatism	OD:PL/-0.50DCx90 OS:PL/-0.25DCx90	Benin City
9/14/2025 20:25:53	2020-2021	Glovera	Male	13-15	OD:6/6+3 OS:6/5-	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/14/2025 20:30:19	2020-2021	Glovera	Female	13-15	OD:6/18 OS:6/12	Myopia	OU: -0.75DS	Benin City
9/14/2025 20:32:25	2020-2021	Glovera	Female	13-15	OU:6/36	Myopia, Astigmatism	OD: -1.25DS OS: -1.00DS/-0.25DCx180	Benin City
9/14/2025 20:36:21	2020-2021	Glovera	Male	9-12	OD:6/9-1 OS:6/12	Astigmatism	OU:+0.25DS/-0.75DCx180	Benin City
9/15/2025 14:54:34	2020-2021	Glovera	Female	9-12	OD:6/18 OS:6/18-	Myopia	OU:-1.75DS	Benin City
9/15/2025 14:55:59	2020-2021	Glovera	Female	16-18	OD:6/6 OS:6/6-	Astigmatism	OD:+0.50DS/-0.25DCx90 OS:+0.50DS/-0.25DCx180	Benin City
9/15/2025 14:57:40	2020-2021	Glovera	Female	13-15	OD:6/12+2 OS:6/12+3	Astigmatism	OU: -0.50DS/-0.25DCx90	Benin City
9/15/2025 15:00:11	2020-2021	Glovera	Female	16-18	OD:6/36+ OS:6/24	Myopia	Ou:-1.75DS	Benin City
9/15/2025 15:01:31	2020-2021	Glovera	Female	13-15	OU:6/60	Myopia	OU: -2.00DS	Benin City
9/15/2025 15:02:55	2020-2021	Glovera	Female	13-15	OD:3/60+1 OS:3/60	Myopia	OU: -3.50DS	Benin City
9/15/2025 15:04:10	2020-2021	Glovera	Male	13-15	OU:6/6	Hyperopia	OU: +0.50DS	Benin City

9/15/2025 15:06:45	2020-2021	Glovera	Female	13-15	OD:6/60+ OS:6/36	Myopia	OU: -1.50DS	Benin City
9/15/2025 15:07:54	2020-2021	Glovera	Female	16-18	OU:6/6	Astigmatism	OU:PL/+0.50DCx90	Benin City
9/15/2025 15:08:48	2020-2021	Glovera	Female	16-18	OD:6/24 OS:6/60	Myopia	OU: -1.50DS	Benin City
9/15/2025 15:09:41	2020-2021	Glovera	Male	13-15	OU:6/36	Myopia	OU: -2.00DS	Benin City
9/15/2025 15:11:07	2020-2021	Glovera	Male	9-12	OU:6/36-	Astigmatism	OU:-3.00DS/-2.75DCx180	Benin City
9/15/2025 15:12:46	2020-2021	Glovera	Female	16-18	OU:3/24	Astigmatism	OU:-3.00DS/-0.25DCX180	Benin City
9/15/2025 15:14:00	2020-2021	Glovera	Female	16-18	OU:6/36+	Myopia	OU:-1.75DS	Benin City
9/15/2025 15:15:25	2020-2021	Glovera	Male	16-18	OU:6/6	Astigmatism	OD:+0.50DS/-0.25DCx90	Benin City
9/15/2025 15:17:18	2020-2021	Glovera	Female	9-12	OU:3/36	Hyperopia,Astigmatism	OD: +0.750DS OS:PL/+0.75DCx180	Benin City
9/15/2025 15:18:42	2020-2021	Glovera	Female	13-15	OD:6/24- OS:6/18	Myopia	OU: -1.25DS	Benin City
9/15/2025 15:19:39	2020-2021	Glovera	Female	13-15	OD:6/5- OS:6/6+	Hyperopia	OU:+0.75DS	Benin City
9/15/2025 16:30:37	2020-2021	Glovera	Female	13-15	OU:6/36	Astigmatism	OU: -1.00DS/-0.50DCx180	Benin City
9/15/2025 16:31:58	2020-2021	Glovera	Male	9-12	OU:6/9	Hyperopia	OU: +0.25DS/-0.75DCx90	Benin City
9/15/2025 16:33:54	2020-2021	Glovera	Female	9-12	OD:6/12+3 S:6/9+3	Astigmatism ,Myopias	OD:PL/-0.50DCx90 OS:-0.25DS	Benin City
9/15/2025 16:35:59	2020-2021	Glovera	Male	13-15	OD:6/6-2 OS:6/6	Astigmatism	OU:+0.50DS/-0.50DCx90	Benin City
9/15/2025 16:38:21	2020-2021	Glovera	Male	13-15	OD:6/6 OS:6/9+2	Astigmatism	OD:+0.25DS/-0.25DCx90 OS:+0.25DS/-0.50DCx90	Benin City
9/15/2025 16:39:46	2020-2021	Glovera	Female	16-18	OD:6/9 OS:6/6	Astigmatism	OD:PL/-0.50DCx90 OS:PL/-0.25DCx90	Benin City
9/15/2025	2020-2021	Glovera	Male	9-12	OU::6/9	Myopia	OU: -0.25DS	Benin City

16:42:13								
9/15/2025 16:43:22	2020-2021	Glovera	Female	13-15	OD:6/12+2 OS:6/9	Myopia	OD: -0.50DS OS: -0.25DS	Benin City
9/15/2025 16:44:42	2020-2021	Glovera	Female	16-18	OU:6/24	Astigmatism	OD:PL/-1.00DCx90 OS:PL/-1.50DCx90	Benin City
9/15/2025 16:45:37	2020-2021	Glovera	Male	13-15	OU:6/6-2	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/15/2025 16:46:58	2020-2021	Glovera	Male	9-12	OD:2/60 OS:3/60	Myopia	OU: -12.00DS	Benin City
9/15/2025 16:47:51	2020-2021	Glovera	Male	9-12	OU:6/36	Myopia	OU: -2.25DS	Benin City
9/16/2025 0:10:59	2020-2021	Glovera	Male	9-12	OD:6/12+2 OS:6/6-3	Myopia	OD: -0.75DS OS: -0.25DS	Benin City
9/16/2025 0:12:03	2020-2021	Glovera	Female	13-15	OU:3/60	Myopia	OU: -5.50DS	Benin City
9/16/2025 0:14:11	2020-2021	Glovera	Female	9-12	OD:6/36+1 OS:6/6-	Astigmatism ,Myopia	OD:-0.25DS/-0.25DCx90 OS: -0.75DS	Benin City
9/16/2025 0:14:45	2020-2021	Glovera	Female	9-12	OU:6/9	Myopia	OU: -0.50DS	Benin City
9/16/2025 0:15:59	2020-2021	Glovera	Female	9-12	OD:6/9 OS:6/6-3	Myopia	OU:-0.25DS	Benin City
9/16/2025 0:19:26	2020-2021	Glovera	Male	13-15	OD:6/9 OS:6/6	Astigmatism ,Myopia	OU: +0.25DS/-0.25DCx180 OU: +0.25DS	Benin City
9/16/2025 9:25:06	2020-2021	Glovera	Female	9-12	OU:6/36	Myopia	OU: -2.00DS	Benin City
9/16/2025 9:28:00	2020-2021	Glovera	Female	9-12	OD:6/24 OS:6/12	Myopia	OD: -0.50DS OS: -0.25DS	Benin City
9/16/2025 9:29:04	2020-2021	Glovera	Female	6-8	OD:6/24 OS:6/36	Myopia	OU: -2.25DS	Benin City
9/16/2025 9:30:08	2020-2021	Glovera	Male	13-15	OD:6/6-2 OS:6/6	Astigmatism	OU:+0.50DS/-0.50DCx90	Benin City
9/16/2025 9:32:21	2020-2021	Glovera	Male	9-12	OD:6/24+ OS:6/6-2	Myopia	OD:-0.50DS OS:PL	Benin City

9/16/2025 9:34:18	2020-2021	Glovera	Male	13-15	OU:6/9	Astigmatism	OD:PL/-0.50DCx180 OS:PL/-0.50DCx90	Benin City
9/16/2025 10:14:22	2020-2021	Glovera	Male	13-15	OU:3/60	Myopia	OU: -4.50DS	Benin City
9/16/2025 10:15:32	2020-2021	Glovera	Female	9-12	OU:6/9+	Hyperopia	OU: +0.50DS	Benin City
9/16/2025 10:17:05	2020-2021	Glovera	Female	16-18	OD:6/36 OS:6/6	Astigmatism	OD:-0.50DS/-0.50DCx180 OS:PL/-0.50DCx180	Benin City
9/16/2025 10:18:18	2020-2021	Glovera	Female	16-18	OD:6/9 OS:6/6-1	Astigmatism	OU:PL/-0.50DCx90	Benin City
9/16/2025 15:49:09	2020-2021	Glovera	Female	16-18	OU:6/9	Myopia, Astigmatism	OD: -0.25DS OS:PL/-0.50DCx90	Benin City
9/16/2025 15:51:20	2020-2021	Glovera	Female	13-15	OD:6/24+2 OS:6/9-1	Myopia	OD: -0.75DS OS: -0.50DS	Benin City
9/16/2025 15:52:02	2020-2021	Glovera	Female	6-8	OU:6/12	Astigmatism	OU:PL/-0.50DCx180	Benin City
9/16/2025 15:53:27	2020-2021	Glovera	Female	13-15	OD:6/12 OS:6/9	Myopia	OU: -0.50DS	Benin City
9/16/2025 15:54:30	2020-2021	Glovera	Female	6-8	OD:6/9 OS:6/6-1	Astigmatism	OU:PL/-0.50DCx90	Benin City
9/16/2025 15:58:45	2020-2021	Glovera	Female	16-18	OD:6/36 OS:6/36+2	Myopia, Astigmatism	OD:-1.00DS OS:PL/-1.25DCx180	Benin City
9/16/2025 16:00:27	2020-2021	Glovera	Female	13-15	OD:6/6+3 OS:6/6	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/16/2025 16:03:27	2020-2021	Glovera	Female	13-15	OU:6/36	Myopia	OU: -3.00DS	Benin City
9/16/2025 16:05:33	2020-2021	Glovera	Male	13-15	OU:6/6-2	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/16/2025 16:06:51	2020-2021	Glovera	Female	6-8	OU:6/6	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/16/2025 16:09:41	2020-2021	Glovera	Male	16-18	OD:6/9 OS:6/12+1	Astigmatism	OU:+1.50DS/-0.75DCx180	Benin City
9/16/2025 16:10:58	2020-2021	Glovera	Male	16-18	OD:6/9 OS:6/6	Astigmatism	OU:PL/+0.50DCx90	Benin City

9/16/2025 16:13:09	2020-2021	Glovera	Male	13-15	OD:6/9 OS:6/18+2	Myopia	OD: -0.75DS OS: -1.00DS	Benin City
9/16/2025 16:15:07	2020-2021	Glovera	Female	16-18	OU:3/36 OS: 3/24-	Myopia	OD: -4.50DS OS: -5.50DS	Benin City
9/16/2025 16:16:13	2020-2021	Glovera	Male	16-18	OU:6/6	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/16/2025 16:17:20	2020-2021	Glovera	Male	13-15	OU:6/9+	Myopia	OU: -0.25DS	Benin City
9/16/2025 16:25:56	2020-2021	Glovera	Female	13-15	OD:6/18 OS:6/9+3	Astigmatism	OD:PL/-0.50DCx180 OS:PL/-0.25DCx180	Benin City
9/16/2025 16:26:57	2020-2021	Glovera	Male	9-12	OU:6/9	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/16/2025 16:29:59	2020-2021	Glovera	Female	13-15	OU:6/60	Astigmatism	OD:PL/-0.50DCx100 OS:+1.00DS/-0.75DCx30	Benin City
9/16/2025 16:31:38	2020-2021	Glovera	Female	16-18	OD:6/6 OS:6/6-3	Astigmatism	OU:PL/+0.25DCx90	Benin City
9/16/2025 16:32:47	2020-2021	Glovera	Female	6-8	OU:6/9	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/16/2025 16:40:46	2020-2021	Glovera	Female	16-18	OD:6/18 OS:6/18+2	Astigmatism	OD:PL/-1.00DCx180 OS:PL/-1.25DCx180	Benin City
9/16/2025 16:45:27	2020-2021	Glovera	Male	13-15	OD:6/6-1 OS:6/9+1	Astigmatism	OD:PL/-0.25DCx180 OS:PL/-0.50DCx180	Benin City
9/16/2025 16:47:14	2020-2021	Glovera	Female	13-15	OD:2/60 OS:6/60	Myopia	OD:-7.00DS OS:-8.00DS	Benin City
9/16/2025 16:49:28	2020-2021	Glovera	Female	9-12	OU:6/6	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/16/2025 16:50:56	2020-2021	Glovera	Female	9-12	OU::6/9	Astigmatism	OU:PL/+0.50DCx180	Benin City
9/16/2025 16:52:06	2020-2021	Glovera	Female	9-12	OU:6/24	Myopia	OU: -3.50DS	Benin City
9/16/2025 16:53:29	2020-2021	Glovera	Female	13-15	OD:6/6 OS:6/6+3	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/16/2025 16:54:57	2020-2021	Glovera	Female	9-12	OU:6/6	Astigmatism	OU:PL/-0.25DCx90	Benin City

9/16/2025 16:55:55	2020-2021	Glovera	Female	16-18	OU:6/6	Astigmatism	OU:PL/+0.25DCx90	Benin City
9/16/2025 16:57:37	2020-2021	Glovera	Female	9-12	OD:6/60+1 OS:6/24-1	Myopia	OU: -4.00DS	Benin City
9/16/2025 16:59:00	2020-2021	Glovera	Male	13-15	OD:3/24-1 OS:6/60	Myopia	OU: -4.00DS	Benin City
9/16/2025 17:00:00	2020-2021	Glovera	Female	9-12	OU:6/36	Myopia	OU: -9.00DS	Benin City
9/16/2025 17:02:49	2020-2021	Glovera	Female	16-18	OU:6/9	Astigmatism	OU:-0.75DS/-0.50DCx90	Benin City
9/19/2025 12:17:43	2020-2021	Glovera	Female	13-15	OD:6/6-1 OS:6/9-3	Myopia	OU: -0.50DS	Benin City
9/19/2025 12:20:21	2020-2021	Glovera	Female	9-12	OD:6/6 OS:6/6+2	Hyperopia,Astigmatism	OD:+0.50DS/-0.25DCx90 OS:+0.50DS	Benin City
9/19/2025 12:22:45	2020-2021	Glovera	Female	16-18	OD:6/9-1 OS:6/9+1	Astigmatism	OU:-0.75DS/-0.50DCx180	Benin City
9/19/2025 12:28:38	2020-2021	Glovera	Female	9-12	OU:6/5	Astigmatism	OU:-0.25DS/-0.25DCx90	Benin City
9/19/2025 12:30:55	2020-2021	Glovera	Female	16-18	OD:6/9+3 OS:6/9	Astigmatism	OU:PL/-0.50DCx180	Benin City
9/19/2025 12:33:27	2020-2021	Glovera	Female	9-12	OD:6/24-1 OS:6/24	Anisometropia	OD:-3.00DS OS: +1.50DS	Benin City
9/19/2025 12:35:05	2020-2021	Glovera	Female	13-15	OD:6/9 OS:6/9+3	Astigmatism	OD:PL/-0.50DCx90 OS:PL/-0.25DCx90	Benin City
9/19/2025 12:37:01	2020-2021	Glovera	Male	6-8	OD:NLP OS:6/6	Hyperopia	OD: NLP OS: +0.50DS	Benin City
9/19/2025 12:38:21	2020-2021	Glovera	Female	9-12	OU:6/6-1	Hyperopia	OU: +0.25DS	Benin City
9/19/2025 12:46:24	2022-2023	Glovera	Female	9-12	OD:6/6 OS:6/5	Astigmatism	OD:+0.50DS/-0.50DCx180 OS:+0.50DS/-0.50DCx90	Benin City
9/19/2025 12:48:24	2022-2023	Glovera	Female	16-18	OD:6/12 OS:6/18	Astigmatism	OD:PL/-0.50DCx180 OS:PL/-0.75DCx180	Benin City
9/19/2025 12:50:07	2022-2023	Glovera	Female	9-12	OD:6/18 OS:6/36	Myopia	OU: -1.50DS OS: -3.00DS	Benin City

9/19/2025 12:51:36	2022-2023	Glovera	Female	16-18	OU:6/6-1	Astigmatism	OD:PL/-0.50DCx90 OS:PL/-0.50DCx180	Benin City
9/19/2025 12:54:02	2022-2023	Glovera	Female	13-15	OD:6/9+2 OS:6/6-3	Astigmatism	OU:PL/+0.25DCx90	Benin City
9/19/2025 12:55:25	2022-2023	Glovera	Female	13-15	OD:6/9 OS:6/6-1	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/19/2025 12:57:33	2022-2023	Glovera	Male	9-12	OU:6/9	Astigmatism	OD:PL/-0.25DCx180 OS:PL/-0.25DCx90	Benin City
9/19/2025 12:58:57	2022-2023	Glovera	Female	16-18	OD:6/60 OS:3/36	Myopia	OU: -2.50DS	Benin City
9/19/2025 13:00:16	2022-2023	Glovera	Male	13-15	OD:6/60 OS:6/36	Myopia	OD:-6.50DS OS:-5.50DS	Benin City
9/19/2025 13:02:00	2022-2023	Glovera	Female	16-18	OD:6/24 OS:6/60	Myopia	OD: -2.75DS OS: -3.25DS	Benin City
9/19/2025 13:03:49	2022-2023	Glovera	Female	16-18	OU:6/5	Astigmatism	OU:+0.50DS/-0.50DCx180	Benin City
9/19/2025 13:49:38	2022-2023	Glovera	Male	13-15	OD:6/24 OS:6/18	Myopia	OU: -1.25DS	Benin City
9/19/2025 13:50:24	2022-2023	Glovera	Female	13-15	OD:6/12 S:6/9-3	Myopia	OU: -1.00DS	Benin City
9/19/2025 13:51:26	2022-2023	Glovera	Male	9-12	OD:6/6-1 OS:6/6	Astigmatism	OU:PL/-0.25DCx 90	Benin City
9/19/2025 13:52:58	2022-2023	Glovera	Female	16-18	OU:6/5	Astigmatism	OU:+0.25DS/-0.25DCx90	Benin City
9/19/2025 13:53:36	2022-2023	Glovera	Female	9-12	OU:6/6	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/19/2025 13:55:29	2022-2023	Glovera	Female	16-18	OD:6/6 OS:6/6-3	Astigmatism	OU:+0.25DS/-0.50DCx180	Benin City
9/19/2025 13:57:24	2022-2023	Glovera	Male	9-12	OD:6/12-3 OS:6/18	Myopia	OD: -1.00DS OS: -1.25DS	Benin City
9/19/2025 13:59:20	2022-2023	Glovera	Female	9-12	OD:6/9+1 OS:6/5	Astigmatism	OD:+0.25DS/-0.50DCx180 OS:+0.25DS/-0.25DCx180	Benin City
9/19/2025 14:02:18	2022-2023	Glovera	Female	16-18	OD:6/9+3 OS:6/12-1	Astigmatism	OD:+0.25DS/-0.50DCx180 OS:PL/+0.75DCx90	Benin City

9/19/2025 14:03:08	2022-2023	Glovera	Male	13-15	OD:6/9 OS:6/9-	Myopia	OU: -0.50DS	Benin City
9/19/2025 14:06:29	2022-2023	Glovera	Male	16-18	OU:6/36+3	Myopia	OU: -5.50DS	Benin City
9/19/2025 14:07:57	2022-2023	Glovera	Female	16-18	OD:6/9 OS:6/18+2	Astigmatism	OU:PL/-0.75DCx90	Benin City
9/19/2025 14:09:12	2022-2023	Glovera	Female	13-15	OD:6/18+2 OS:6/12+3	Myopia	OU: -1.50DS	Benin City
9/19/2025 14:10:15	2022-2023	Glovera	Female	9-12	OU:6/6+1	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/19/2025 14:11:37	2022-2023	Glovera	Female	13-15	OU:6/6	Astigmatism	OU:+0.50DS/-0.25DCx90	Benin City
9/19/2025 14:12:31	2022-2023	Glovera	Female	13-15	OU:6/9	Astigmatism	OU:PL/-0.50DCx90	Benin City
9/19/2025 14:14:03	2022-2023	Glovera	Female	16-18	OU:6/9+2	Astigmatism	OD:PL/-0.50DCx90 OS:PL/-0.25DCx30	Benin City
9/19/2025 14:27:17	2022-2023	Glovera	Female	13-15	OU:6/9	Myopia,Astigmatism	OD: -0.25DS OS:PL/-0.50DCx90	Benin City
9/19/2025 14:28:22	2022-2023	Glovera	Male	16-18	OU:6/12	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/19/2025 14:29:45	2022-2023	Glovera	Female	9-12	OD:6/48 OS:6/36	Myopia	OU: -2.25DS	Benin City
9/19/2025 14:31:09	2022-2023	Glovera	Female	13-15	OU:6/24	Myopia	OU:-2.25DS	Benin City
9/19/2025 14:33:51	2022-2023	Glovera	Male	6-8	OD:3/48 OS:6/60	Myopia,Astigmatism	OD:-7.00DS OS:-4.50DS/-1.50DCX180	Benin City
9/19/2025 14:35:06	2022-2023	Glovera	Male	9-12	OU:6/6	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/19/2025 14:36:48	2022-2023	Glovera	Male	13-15	OU:6/48	Myopia	OU: -3.50DS	Benin City
9/19/2025 14:38:15	2022-2023	Glovera	Female	9-12	OU:6/24+1	Myopia	OU: -1.75DS	Benin City
9/19/2025 14:39:40	2022-2023	Glovera	Female	13-15	OU:6/9	Astigmatism	OU:+0.25DS/-0.50DCx180	Benin City

9/19/2025 14:41:37	2022-2023	Glovera	Male	9-12	OD:3/60 OS:6/60	Myopia	OD: -4.00DS OS: -2.25DS	Benin City
9/19/2025 14:42:56	2022-2023	Glovera	Female	13-15	OU:6/6	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/19/2025 14:45:15	2022-2023	Glovera	Male	16-18	OU:6/6	Astigmatism	OD:+0.25DS/-0.50DCx180 OS:+0.25DS/-0.50DCx90	Benin City
9/19/2025 14:46:00	2022-2023	Glovera	Female	13-15	OU:6/6+1	Astigmatism	OU:PL/+0.25DCx180	Benin City
9/19/2025 14:47:01	2022-2023	Glovera	Male	9-12	OU:6/6	Astigmatism	OU:+0.50DS/-0.50DCx180	Benin City
9/19/2025 14:48:40	2022-2023	Glovera	Male	9-12	OU:6/6	Astigmatism	OD:PL/-0.25DCx90 OS:PL/-0.25DCx180	Benin City
9/19/2025 14:51:15	2022-2023	Glovera	Male	16-18	OU:6/6	Astigmatism	OD:PL/+0.25DCx90 OS:Pl/+0.25DCx180	Benin City
9/21/2025 0:05:43	2022-2023	Glovera	Male	13-15	OD:6/9 OS:6/6	Astigmatism	OD:PL/-0.50DCx90 OS:PL/-0.25DCx90	Benin City
9/21/2025 0:06:50	2022-2023	Glovera	Male	16-18	OU:6/9	Myopia	OU: -0.50DS	Benin City
9/21/2025 0:08:45	2022-2023	Glovera	Female	6-8	OD:6/24 OS:6/18	Myopia	OD: -1.50DS OS: -1.00DS	Benin City
9/21/2025 0:09:54	2022-2023	Glovera	Female	13-15	OD:6/36 OS:6/12	Myopia	OD: -1.75DS OS: -1.25DS	Benin City
9/21/2025 0:11:08	2022-2023	Glovera	Male	16-18	OD:6/24 OS:6/36	Myopia	OU: -1.75DS	Benin City
9/21/2025 0:12:02	2022-2023	Glovera	Female	16-18	OU:6/6	Myopia	OU:-0.25DS	Benin City
9/21/2025 0:14:20	2022-2023	Glovera	Female	13-15	OU:6/6	Astigmatism	OD:PL/-0.25DCx90 OS:PL/-0.25DCx180	Benin City
9/21/2025 0:16:24	2022-2023	Glovera	Female	13-15	OD:6/60 OS:6/18	Astigmatism,Myopia	OD: -1.50DS/-0.50DCx90 OS: -1.75DS	Benin City
9/21/2025 0:17:12	2022-2023	Glovera	Female	13-15	OU:6/60	Myopia	Ou:-2.25DS	Benin City
9/21/2025 0:19:06	2022-2023	Glovera	Female	9-12	OD:6/9 OS:6/6	Astigmatism	OD:PL/-0.75DCx180 OS:PL/-0.25DCx90	Benin City

9/21/2025 0:21:00	2022-2023	Glovera	Male	6-8	OU:6/18	Myopia	Ou:-1.25DS	Benin City
9/21/2025 0:24:19	2022-2023	Glovera	Female	6-8	OU:6/24	Astigmatism,Myopia	OD:-2.00DS/-0.50DCx90 OS: -2.00DS	Benin City
9/21/2025 0:26:21	2022-2023	Glovera	Female	16-18	OD:6/36 OS:6/24-1	Myopia	OU:-2.00DS	Benin City
9/21/2025 0:27:35	2022-2023	Glovera	Female	9-12	OU:6/6	Astigmatism	OD:PL/-0.25DCx180 OS: PL	Benin City
9/21/2025 0:29:12	2022-2023	Glovera	Female	13-15	OU:6/6	Astigmatism	OU:+0.25DS/-0.25DCX90	Benin City
9/21/2025 0:31:53	2022-2023	Glovera	Male	6-8	OD:6/24 OS:6/36	Astigmatism	OD:PL/-1.25DCx180 OS:PL/-1.00DCx180	Benin City
9/21/2025 0:33:14	2022-2023	Glovera	Female	13-15	OU:6/6	Astigmatism	OU:+0.50DS/-0.25DCx180	Benin City
9/21/2025 0:33:45	2022-2023	Glovera	Male	6-8	OU:6/6	Myopia	OU:-0.25DS	Benin City
9/21/2025 0:35:12	2022-2023	Glovera	Female	13-15	OD:6/9 OS:6/6	Astigmatism	OU:PL/-0.50DCx180	Benin City
9/21/2025 0:36:16	2022-2023	Glovera	Male	16-18	OD:6/60 OS:1/60	Myopia	OU:-6.00DS	Benin City
9/21/2025 0:38:15	2022-2023	Glovera	Female	13-15	OU:2/60	Myopia	OU:-3.50DS	Benin City
9/21/2025 0:40:25	2022-2023	Glovera	Male	13-15	OD:6/48 OS:6/36	Myopia,Astigmatism	OD:+2.00DS OS:+2.50DS/+1.00DCx90	Benin City
9/21/2025 0:43:17	2022-2023	Glovera	Female	16-18	OU:6/6	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/21/2025 0:44:41	2022-2023	Glovera	Female	9-12	OD:6/6-1 OS:6/5	Astigmatism	OU:+0.50DS/-0.25DCx90	Benin City
9/21/2025 0:46:24	2022-2023	Glovera	Male	9-12	OU:6/6	Astigmatism	OU:+0.25DS/-0.25DCx90	Benin City
9/21/2025 0:47:07	2022-2023	Glovera	Male	6-8	OU:6/24	Myopia	OU: -1.00DS	Benin City
9/21/2025 0:49:13	2022-2023	Glovera	Male	13-15	OU:6/6	Astigmatism	OD:PL/-0.25DCx90 OS:PL/-0.25DCx180	Benin City

9/21/2025 0:51:58	2022-2023	Glovera	Female	16-18	OD:6/5 OS:6/6	Astigmatism	OD:+0.75DS/-0.25DCx90 OS:+0.50DS/-0.50DCx90	Benin City
9/21/2025 0:53:03	2022-2023	Glovera	Male	6-8	OU:6/5	Astigmatism	OU:+0.50DS/-0.25DCx180	Benin City
9/21/2025 0:54:45	2022-2023	Glovera	Female	9-12	OD:6/9- OS:6/6-	Astigmatism,Myopia	OD:-0.50DS/-0.25DCx180 OS:-0.25DS	Benin City
9/21/2025 0:58:11	2022-2023	Glovera	Male	9-12	OU:6/6	Astigmatism	OD:PL/-0.25DCx180 OS:PL/-0.25DCx90	Benin City
9/21/2025 0:59:57	2022-2023	Glovera	Female	6-8	OU:6/9	Astigmatism,Myopia	OD:PL/-0.50DCx180 OS:-0.50DS	Benin City
9/21/2025 1:02:20	2022-2023	Glovera	Female	6-8	OU:6/5-2	Hyperopia	OD: +0.75DS OS: +1.00DS	Benin City
9/21/2025 15:31:24	2022-2023	Glovera	Female	16-18	OU:6/6-1	Astigmatism	OD:+0.50DS/-0.25DCx90 OS:+0.25DS/-0.25DCx180	Benin City
9/21/2025 15:33:10	2022-2023	Glovera	Female	13-15	OU:6/6	Astigmatism,Hyperopia	OD:+0.75DS/-0.25DCx90 OS:+0.50DS	Benin City
9/21/2025 15:35:14	2022-2023	Glovera	Male	16-18	OD:6/6+1 OS:6/5	Astigmatism	OU:+0.25DS/-0.50DCx90	Benin City
9/21/2025 15:37:03	2022-2023	Glovera	Male	9-12	OD:6/60 OS:6/24	Myopia	OD: -2.50DS OS: -2.00DS	Benin City
9/21/2025 15:39:19	2022-2023	Glovera	Male	13-15	OD:6/6-2 OS:6/6+1	Hyperopia,Astigmatism	OD:+0.50DS OS:+0.50DS/-0.50DX90	Benin City
9/21/2025 15:40:56	2022-2023	Glovera	Female	13-15	OU:6/5	Astigmatism	OD:+0.50DS/-0.50DCx180 OS:+0.50DS/-0.50DCx90	Benin City
9/21/2025 15:42:36	2022-2023	Glovera	Male	9-12	OU:6/24+2	Astigmatism,Hyperopia,	OD:+0.50DS/-0.75DCx90 OS:+1.25DS	Benin City
9/21/2025 15:44:02	2022-2023	Glovera	Female	16-18	OU:6/5	Astigmatism	OU:+0.50DS/-0.25DCx180	Benin City
9/21/2025 15:46:58	2022-2023	Glovera	Female	16-18	OD:6/12 OS:6/9	Astigmatism, Myopia	OD:PL/-0.50DCx180 OS:-0.50DS	Benin City
9/21/2025 15:48:37	2022-2023	Glovera	Female	13-15	OU:6/6	Astigmatism	OD:PL OS:+0.25DS/-0.50DCX180	Benin City
9/21/2025	2022-2023	Glovera	Male	16-18	OU:6/6	Hyperopia	OU:+0.50DS	Benin City

15:49:10								
9/21/2025 15:51:26	2022-2023	Glovera	Male	16-18	OU:6/6	Astigmatism	OD:+0.25DS/-0.25DCx90 OS:+0.25DS/-0.25DCx180	Benin City
9/21/2025 15:52:33	2022-2023	Glovera	Female	13-15	OU:6/6	Hyperopia	OU: +0.50DS OU: +0.75DS	Benin City
9/21/2025 15:53:21	2022-2023	Glovera	Female	13-15	OU:6/6	Hyperopia	OU:+0.50DS	Benin City
9/21/2025 15:55:30	2022-2023	Glovera	Female	9-12	OU:6/24	Astigmatism	OD:-1.50DS/-0.75DCx180 OS:-1.50DS/-1.00DCx180	Benin City
9/21/2025 15:57:54	2022-2023	Glovera	Female	16-18	OU:6/12	Astigmatism, Myopia	OD:PL/-1.25DCx90 OS:-1.25DS	Benin City
9/21/2025 16:00:31	2022-2023	Glovera	Female	16-18	OD:6/5 OS:6/6	Astigmatism	OD:+0.50DS/-0.25DCx90 OS:+0.50DS/-0.25DCx180	Benin City
9/21/2025 16:01:58	2022-2023	Glovera	Female	16-18	OU:6/6	Astigmatism	OU:PL/+0.50DCX90	Benin City
9/21/2025 16:03:38	2022-2023	Glovera	Female	13-15	OU:6/5	Hyperopia	OU:+0.50DS	Benin City
9/21/2025 16:05:18	2022-2023	Glovera	Female	16-18	OU:HM@1M	Myopia	OD:-10.50DS OS:-9.00DS	Benin City
9/21/2025 16:07:44	2022-2023	Glovera	Female	13-15	OU:3/36	Myopia,Astigmatism	OD: -3.50DS OS: -3.00DS/-0.75DCx180	Benin City
9/21/2025 16:08:51	2022-2023	Glovera	Male	13-15	OU:3/60+1	Myopia	OU:-4.50DS	Benin City
9/21/2025 16:09:55	2022-2023	Glovera	Female	9-12	OU:6/6	Hyperopia	OU:+0.50DS	Benin City
9/21/2025 16:11:12	2022-2023	Glovera	Male	9-12	OU:6/6	Astigmatism	OU:+0.25DS/-0.50DCx180	Benin City
9/21/2025 16:12:32	2022-2023	Glovera	Male	13-15	OU:6/6	Astigmatism	OU:+0.25DS/+0.25DCX90	Benin City
9/21/2025 16:13:45	2022-2023	Glovera	Female	9-12	OU:6/9+	Hyperopia	OU:+0.50DS	Benin City
9/21/2025 16:14:45	2022-2023	Glovera	Female	13-15	OU:6/6-1	Hyperopia	OU:+0.50DS	Benin City
9/21/2025	2022-2023	Glovera	Female	13-15	OD:6/9+2	Astigmatism	OU:PL/-0.50DCx90	Benin City

16:16:00					OS:6/9-2			
9/21/2025 16:17:46	2022-2023	Glovera	Male	9-12	OD:6/6-3 OS:6/9	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/21/2025 16:19:57	2022-2023	Glovera	Male	16-18	OD:3/24 OS:3/36	Astigmatism	OD:PL/-4.00DCx10 OS:PL/-4.00DCx180	Benin City
9/21/2025 16:21:26	2022-2023	Glovera	Female	9-12	OD:6/18 OS:6/18+2	Astigmatism	OU:PL/-1.25DCx180	Benin City
9/21/2025 16:23:42	2022-2023	Glovera	Female	16-18	OD:2/36 OS:1/60	Myopia	OU: -12.00DS	Benin City
9/21/2025 16:24:55	2022-2023	Glovera	Female	16-18	OU:6/6+	Hyperopia	OU: +0.50DS OU: +0.25DS	Benin City
9/23/2025 12:11:04	2022-2023	Glovera	Female	13-15	OD:6/18 OS:6/12	Myopia,Astigmatism	OD:-1.00DS OS:-0.50DS/-0.50DCx90	Benin City
9/23/2025 12:12:49	2022-2023	Glovera	Female	16-18	OU:6/6	Astigmatism	OU:+0.25DS/-0.25DCx180	Benin City
9/23/2025 12:13:31	2022-2023	Glovera	Female	16-18	OU:6/6	Astigmatism	OS:+0.50DS/-0.25DCx90	Benin City
9/23/2025 12:14:23	2022-2023	Glovera	Female	6-8	OU:6/6-1	Hyperopia	OU:+0.25DS	Benin City
9/23/2025 12:16:53	2022-2023	Glovera	Female	13-15	OD:6/60 OS:6/60+	Astigmatism	OU:PL/-3.00DCx180	Benin City
9/23/2025 12:18:17	2022-2023	Glovera	Female	16-18	OU:6/5	Astigmatism	OU:+0.25DS/-0.25DCx180	Benin City
9/23/2025 12:19:23	2022-2023	Glovera	Female	13-15	OU:6/9+2	Myopia	OU: -0.75DS	Benin City
9/23/2025 12:21:37	2022-2023	Glovera	Female	13-15	OU:6/6	Astigmatism	OU: +0.25DS/-0.25DCx180	Benin City
9/23/2025 12:22:27	2022-2023	Glovera	Female	9-12	OU:6/9+	Myopia	OU:-0.25DS	Benin City
9/23/2025 12:23:37	2022-2023	Glovera	Male	13-15	OD:6/24 OS:6/24+	Myopia	OU:-1.50DS	Benin City
9/23/2025 12:24:21	2022-2023	Glovera	Female	9-12	OU:6/6-2	Astigmatism	OU:PL/-0.50DCx90	Benin City
9/23/2025 12:25:24	2022-2023	Glovera	Female	13-15	OU:6/6	Hyperopia	OU:+0.25DS	Benin City

9/23/2025 12:29:41	2022-2023	Glovera	Female	13-15	OD:6/24-1 OS:6/6	Astigmatism	OD:PL/+0.75DCx180 OS:PL	Benin City
9/23/2025 12:31:40	2022-2023	Glovera	Male	16-18	OD:6/18-1 OS:6/12-1	Myopia	OU: -1.25DS	Benin City
9/23/2025 12:32:17	2022-2023	Glovera	Female	13-15	OD:6/36 OS:6/36+	Myopia	OU: -2.00DS	Benin City
9/23/2025 12:33:21	2022-2023	Glovera	Female	9-12	OU:6/5-	Hyperopia	OU: +0.50DS	Benin City
9/23/2025 12:34:09	2022-2023	Glovera	Female	16-18	OU:6/60	Myopia	OU:-2.75DS	Benin City
9/23/2025 12:35:04	2022-2023	Glovera	Female	13-15	OU:3/60	Myopia	OU: -5.00DS	Benin City
9/23/2025 12:35:49	2022-2023	Glovera	Female	16-18	OD:6/18 OS:6/12-	Myopia	OU: -1.00DS	Benin City
9/23/2025 12:38:53	2022-2023	Glovera	Female	9-12	OU:6/9	Astigmatism	OD:-0.75DS/-0.75DCx90 OS:-0.75DS/-0.50DCx90	Benin City
9/23/2025 12:42:37	2022-2023	Glovera	Female	16-18	OU:6/6	Astigmatism	OU:+0.50DS/-0.25DCx90	Benin City
9/23/2025 12:46:15	2022-2023	Glovera	Female	9-12	OD:6/36 OS:6/9	Astigmatism	OU: +1.00DS/-0.25DCx90	Benin City
9/23/2025 12:48:26	2022-2023	Glovera	Female	13-15	OD:1/36 OS:6/36	Myopia	OD:-8.00DS OS:-2.50DS	Benin City
9/23/2025 12:49:16	2022-2023	Glovera	Female	9-12	OU:6/5	Hyperopia	OU:+0.25DS	Benin City
9/23/2025 12:50:02	2022-2023	Glovera	Female	9-12	OU:6/12	Myopia	OU: -0.75DS	Benin City
9/23/2025 12:50:54	2022-2023	Glovera	Female	9-12	OU:3/36	Myopia	OU: -4.50DS	Benin City
9/23/2025 12:51:49	2022-2023	Glovera	Female	9-12	OU:6/18-	Myopia	OU:-1.75DS	Benin City
9/23/2025 12:52:44	2022-2023	Glovera	Female	6-8	OU:6/6	Astigmatism	OS:PL/-0.25DCx180	Benin City
9/23/2025 12:53:52	2022-2023	Glovera	Female	9-12	OU:6/5	Hyperopia	OU:+0.75DS	Benin City

9/23/2025 12:55:11	2022-2023	Glovera	Male	9-12	OD:6/9 OS:6/9-	Myopia	OD: -0.50DS OS: -0.75DS	Benin City
9/23/2025 12:55:56	2022-2023	Glovera	Female	13-15	OU:6/6	Astigmatism	OU:PL/-0.50DCx180	Benin City
9/23/2025 12:57:12	2022-2023	Glovera	Female	9-12	OD:3/36 OS:6/36	Myopia	OD:-8.00DS OS:-12.00DS	Benin City
9/23/2025 12:58:16	2022-2023	Glovera	Male	9-12	OU:6/24+	Hyperopia	OU:+2.25DS	Benin City
9/23/2025 13:10:11	2022-2023	Glovera	Male	6-8	OU:6/24	Astigmatism	OU:-0.75DS/-1.00DCx90	Benin City
9/23/2025 13:12:08	2022-2023	Glovera	Female	13-15	OU:6/18-	Astigmatism	OD:-0.75DS/-1.25DCx180 OS:PL/-2.00DCx180	Benin City
9/23/2025 13:13:16	2022-2023	Glovera	Female	13-15	OU:6/6	Astigmatism	OU:+0.25DS/-0.25DCx90	Benin City
9/23/2025 13:14:39	2022-2023	Glovera	Male	13-15	OU:6/6	Hyperopia	OU: +0.25DS	Benin City
9/23/2025 13:16:26	2022-2023	Glovera	Female	6-8	OU:6/6	Hyperopia	OU: +0.25DS	Benin City
9/23/2025 13:18:22	2022-2023	Glovera	Male	13-15	OU:6/6	Astigmatism	OD:PL/-0.25DCx90 OS:+0.25DS/-0.25DCx90	Benin City
9/23/2025 13:21:21	2022-2023	Glovera	Female	9-12	OU:6/6	Hyperopia	OU: +0.50DS	Benin City
9/23/2025 13:22:09	2022-2023	Glovera	Female	16-18	OU:6/18	Myopia	OU: -1.50DS	Benin City
9/23/2025 13:23:42	2022-2023	Glovera	Female	13-15	OU:6/6-	Astigmatism	OD:PL/-0.25DCx180 OS:PL/-0.25DCx90	Benin City
9/23/2025 13:25:04	2022-2023	Glovera	Male	13-15	OU:6/9-	Myopia	OU: -0.25DS	Benin City
9/23/2025 13:27:21	2022-2023	Glovera	Male	9-12	OU:6/6-	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/23/2025 21:21:41	2022-2023	Glovera	Female	16-18	OU:6/6	Hyperopia	OU: +0.50DS	Benin City
9/23/2025 21:23:20	2022-2023	Glovera	Female	9-12	OU:6/6+	Hyperopia	OU: +0.75DS	Benin City
9/23/2025	2022-2023	Glovera	Female	13-15	OU:6/6	Hyperopia	OU: +0.50DS	Benin City

21:24:56								
9/23/2025 21:30:44	2022-2023	Glovera	Female	13-15	OU:6/12+2	Astigmatism	OD:-0.25DS/-0.75DCx90 OS:-0.50DS/-0.75DCx90	Benin City
9/23/2025 21:34:38	2022-2023	Glovera	Female	6-8	OU:6/6	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/23/2025 21:37:34	2022-2023	Glovera	Female	13-15	OU:6/5+1	Astigmatism	OU:+0.50DS/-0.25DCx90	Benin City
9/23/2025 21:39:50	2022-2023	Glovera	Female	16-18	OD:6/9-2 OS:6/9	Astigmatism	OD:PL/-0.50DCx180 OS:PL/-0.25DCx180	Benin City
9/23/2025 21:41:48	2022-2023	Glovera	Male	9-12	OU:6/5	Astigmatism	OU:+0.25DS/-0.25DCx180	Benin City
9/23/2025 21:43:04	2022-2023	Glovera	Female	6-8	OU:6/6	Myopia	OU:-0.25DS	Benin City
9/23/2025 21:45:21	2022-2023	Glovera	Male	9-12	OU:6/18	Astigmatism, Hyperopia	OD:PL/-0.25DCx90 OS:+0.25	Benin City
9/23/2025 21:46:36	2022-2023	Glovera	Female	9-12	OU:6/6	Hyperopia	OU:+0.25DS	Benin City
9/23/2025 21:48:20	2022-2023	Glovera	Female	9-12	OU:6/6	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/23/2025 21:49:47	2024-2025	Glovera	Female	16-18	OD:6/6+3 OS:6/6-2	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/23/2025 21:58:38	2024-2025	Glovera	Female	16-18	OD:6/6-3 OS:6/6-2	Astigmatism	OD:+0.25DS/-0.25DCx180 OS:+0.50DS/-0.50DCX90	Benin City
9/23/2025 22:01:06	2024-2025	Glovera	Male	13-15	OU:6/36	Myopia	OU:-2.25DS	Benin City
9/23/2025 22:02:55	2024-2025	Glovera	Male	9-12	OU:6/6	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/23/2025 22:07:42	2024-2025	Glovera	Female	13-15	OD:6/18 OS:6/36-1	Astigmatism	OU:+0.75DS/-0.50DCx180	Benin City
9/23/2025 22:11:57	2024-2025	Glovera	Female	9-12	OD:6/6-2 OS:6/6	Astigmatism	OU:+0.25DS/-0.25DCDX90	Benin City
9/23/2025 22:15:21	2024-2025	Glovera	Female	9-12	OU:6/9	Astigmatism	OU:+0.25DS/-0.50DCx90	Benin City
9/23/2025 22:17:31	2024-2025	Glovera	Female	16-18	OD:6/6-2 OS:6/6	Astigmatism	OU:+0.25DS/-0.50DCx90	Benin City

9/23/2025 22:19:53	2024-2025	Glovera	Female	9-12	OD:6/60+1 OS:6/36+1	Astigmatism	OU:PL/-0.50DCx180	Benin City
9/23/2025 22:22:25	2024-2025	Glovera	Female	16-18	OD:6/9+2 OS:6/6-1	Astigmatism	OU:PL/-0.50DCx180	Benin City
9/23/2025 22:46:58	2024-2025	Glovera	Female	13-15	OD:6/9 OS:6/9-1	Myopia	OU: -1.00DS	Benin City
9/23/2025 22:49:32	2024-2025	Glovera	Female	16-18	OD:3/60 OS:6/36	Myopia,Astigmatism	OD:-5.00DS OS:-3.00DS/-0.50DCx90	Benin City
9/23/2025 22:51:34	2024-2025	Glovera	Female	16-18	OD:6/9+2 OS:6/9+3	Astigmatism	OU:PL/-0.50DCx90	Benin City
9/23/2025 22:52:42	2024-2025	Glovera	Male	13-15	OU:6/24	Myopia	OU: -4.50DS	Benin City
9/23/2025 22:53:41	2024-2025	Glovera	Female	6-8	OU:6/12+3	Myopia	OU:-0.50DS	Benin City
9/23/2025 22:54:38	2024-2025	Glovera	Female	16-18	OU:6/36	Myopia	OU:-2.75DS	Benin City
9/23/2025 22:56:17	2024-2025	Glovera	Female	13-15	OD:6/18+2 OS:6/9	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/23/2025 22:57:36	2024-2025	Glovera	Male	9-12	OU:6/5-3	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/23/2025 23:04:24	2024-2025	Glovera	Female	16-18	OU:6/9	Astigmatism	OU:-0.25DS/-0.50DCx180	Benin City
9/23/2025 23:05:57	2024-2025	Glovera	Male	9-12	OD:6/60+1 OS:3/36	Astigmatism	OU:+0.50DS/-0.50DCx180	Benin City
9/23/2025 23:07:54	2024-2025	Glovera	Female	9-12	OD:6/6 OS:1/60+1	Myopia	OD: -0.50DS OS: -4.50DS	Benin City
9/23/2025 23:11:47	2024-2025	Glovera	Male	6-8	OU:6/12	Astigmatism	OU:-0.25DS/-0.25DCx90	Benin City
9/23/2025 23:13:37	2024-2025	Glovera	Male	16-18	OD:6/6+ OS:6/6	Astigmatism	OU:+0.50DS/-0.25DCx90	Benin City
9/23/2025 23:16:05	2024-2025	Glovera	Male	6-8	OU:6/9	Astigmatism	OD:PL/-0.25DCx180 OS:PL/-0.25DCx90	Benin City
9/23/2025 23:20:45	2024-2025	Glovera	Female	6-8	OD:6/60+ OS:2/60+1	Myopia,Astigmatism	OD:-1.50DS OS:-3.00DS/-0.50DCX90	Benin City

9/23/2025 23:24:55	2024-2025	Glovera	Female	16-18	OU:6/36	Myopia	OD: -2.25DS OS: -2.50DS	Benin City
9/23/2025 23:31:41	2024-2025	Glovera	Male	9-12	OU:6/12	Astigmatism	OU:PL/-1.00DCx180	Benin City
9/23/2025 23:33:17	2024-2025	Glovera	Male	16-18	OU:6/5-	Astigmatism	OD:PL/-0.25DCx90 OS:PL/-0.25DCx180	Benin City
9/23/2025 23:35:17	2024-2025	Glovera	Female	13-15	OU:6/6	Myopia,Astigmatism	OD:-0.25DS OS:PL/-0.25DCX180	Benin City
9/23/2025 23:38:39	2024-2025	Glovera	Female	13-15	OD:6/9 OS:6/18-2	Myopia,Astigmatism	OD:-1.00DS OS:-2.00DS/-0.50DCx180	Benin City
9/23/2025 23:40:45	2024-2025	Glovera	Female	13-15	OU:6/6	Astigmatism	OU:+0.50DS/-0.25DCx180	Benin City
9/23/2025 23:41:46	2024-2025	Glovera	Male	16-18	OU:6/9	Astigmatism	OU:+0.50DS/-0.50DCx180	Benin City
9/23/2025 23:43:25	2024-2025	Glovera	Female	13-15	OD:3/36 OS:6/36	Myopia	OD: -3.50DS OS: -1.75DS	Benin City
9/23/2025 23:45:37	2024-2025	Glovera	Male	9-12	OU:6/5	Astigmatism	OU:+0.25DS/-0.25DCx90	Benin City
9/23/2025 23:51:16	2024-2025	Glovera	Female	16-18	OU:6/18	Myopia,Astigmatism	OD:-2.00DS/-0.50DCx140 OS:-2.25DS	Benin City
9/23/2025 23:52:56	2024-2025	Glovera	Female	16-18	OU:6/36	Astigmatism	OU:-3.00DS/-0.25DCx90	Benin City
9/23/2025 23:55:21	2024-2025	Glovera	Female	16-18	OU:6/6+	Astigmatism	OU:+0.25DS/-0.25DCx90	Benin City
9/23/2025 23:57:08	2024-2025	Glovera	Male	16-18	OD:6/12 OS:6/18	Astigmatism	OD:PL/+1.00DCx80 OS:PL/+1.75DCx90	Benin City
9/23/2025 23:58:49	2024-2025	Glovera	Female	16-18	OU:6/6	Astigmatism	OU:+0.50DS/-0.50DCx180	Benin City
9/24/2025 0:01:57	2024-2025	Glovera	Female	16-18	OD:6/18+1 OS:6/18+2	Astigmatism	OD:+0.25DS/-0.25DCx135 OS:+0.25DS/-0.25DCx180	Benin City
9/24/2025 0:03:04	2024-2025	Glovera	Male	6-8	OD:6/24-1 OS:6/18-1	Myopia	OU:-1.75DS	Benin City
9/24/2025 0:04:56	2024-2025	Glovera	Female	9-12	OU:6/6	Astigmatism	OD:+0.25DS/-0.25DCx180 OS:PL/-0.25DCx180	Benin City

9/24/2025 0:07:31	2024-2025	Glovera	Female	9-12	OD:6/5- OS:6/6+2	Astigmatism	OD:PL/-0.25DCx180 OS:+0.25DS/-0.25DCx90	Benin City
9/24/2025 0:18:10	2024-2025	Glovera	Female	16-18	OU:6/60	Astigmatism	OD:PL/-1.00DCx180 OS:PL/-1.00DCx160	Benin City
9/24/2025 0:19:04	2024-2025	Glovera	Female	16-18	OU:6/60+	Myopia	OU: -3.25DS	Benin City
9/24/2025 0:20:52	2024-2025	Glovera	Male	9-12	OD:6/12+ OS:6/9-1	Astigmatism	OD:PL/-0.50DCx35 OS:+0.25DS/-0.25DCx90	Benin City
9/24/2025 0:21:37	2024-2025	Glovera	Female	13-15	OU:3/60	Myopia	OU: -5.00DS	Benin City
9/24/2025 0:22:19	2024-2025	Glovera	Male	13-15	OU:6/5	Astigmatism	OU:PL/+0.25DCx90	Benin City
9/24/2025 0:23:32	2024-2025	Glovera	Male	6-8	OD:6/60 OS:6/36-	Myopia	OD:-14.00DS OS:-11.00DS	Benin City
9/24/2025 0:24:58	2024-2025	Glovera	Female	13-15	OU:6/6+	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/24/2025 0:25:46	2024-2025	Glovera	Female	16-18	OU:6/60	Myopia	OU: -4.00DS	Benin City
9/24/2025 0:27:42	2024-2025	Glovera	Female	16-18	OD:6/36+1 OS:6/18-2	Astigmatism	OD:-2.00DS/-0.50DCx20 OS:-1.25DS/-0.50DCx180	Benin City
9/24/2025 0:29:22	2024-2025	Glovera	Female	13-15	OD:6/9 OS:6/9-	Astigmatism	OD:PL/-0.50DCx180 OS:PL/-0.50DCx135	Benin City
9/24/2025 0:31:14	2024-2025	Glovera	Female	13-15	OD:6/6 OS:6/6-2	Astigmatism	OD:PL/-0.25DCx90 OS:PL/-0.50DCx180	Benin City
9/24/2025 0:32:29	2024-2025	Glovera	Female	16-18	OU:6/5	Astigmatism	OU:PL/+0.50DCx180	Benin City
9/24/2025 0:33:51	2024-2025	Glovera	Female	13-15	OD:6/18- OS:6/9	Astigmatism	OU:+0.25DS/-0.25DCx180	Benin City
9/24/2025 0:35:07	2024-2025	Glovera	Male	16-18	OD:6/12+ OS:6/18-	Astigmatism	OU:PL/-2.00DCx180	Benin City
9/24/2025 0:36:58	2024-2025	Glovera	Female		OD:6/18-1 OS:6/36	Astigmatism	OD: -1.00DS/-0.50DCx180 OS: -1.50DS/-0.50DCx180	Benin City
9/24/2025 0:40:42	2024-2025	Glovera	Female	6-8	OD:6/36-1 OS:6/60	Astigmatism	OD:+1.50DS/-2.00DCx180 OS:+1.75DS/-1.50DCx180	Benin City

9/24/2025 13:01:36	2024-2025	Glovera	Female	6-8	OD:6/5 OS:6/6+	Astigmatism	OU:PL/-0.25DCx90	Benin City
9/24/2025 13:03:10	2024-2025	Glovera	Female	13-15	OD:6/18 OS:6/18+	Hyperopia	OU:+0.50DS	Benin City
9/24/2025 13:04:39	2024-2025	Glovera	Female	9-12	OD:6/12+ OS:6/12	Hyperopia	OU: +0.25DS	Benin City
9/24/2025 13:05:28	2024-2025	Glovera	Female	6-8	OD:6/18 OS:6/12+2	Myopia	OU: -1.00DS	Benin City
9/24/2025 13:06:57	2024-2025	Glovera	Male	16-18	OD:6/5-1 OS:6/6-2	Astigmatism	OU:PL/-0.50DCx180	Benin City
9/24/2025 13:12:05	2024-2025	Glovera	Male	16-18	OD:6/60 OS:6/24	Myopia,Astigmatism	OD: -2.00DS OS: -1.50DS/-0.50DCx60	Benin City
9/24/2025 13:16:35	2024-2025	Glovera	Male	6-8	OD:6/6-3 OS:6/9+1	Astigmatism	OU:+0.25DS/-0.25DCx90	Benin City
9/24/2025 13:29:43	2024-2025	Glovera	Female	6-8	OD:6/36-1 OS:6/24-1	Myopia	OD: -3.50DS OS: -3.00DS	Benin City
9/24/2025 13:31:27	2024-2025	Glovera	Male	6-8	OD:6/6+ OS:6/6-2	Hyperopia	OU: -0.75DS	Benin City
9/24/2025 13:34:02	2024-2025	Glovera	Female	9-12	OD:6/6 OS:6/9+3	Astigmatism	OD:+0.50DS/-0.25DCx180 OS:+0.75DS/-0.25DCx180	Benin City
9/24/2025 13:39:35	2024-2025	Glovera	Female	16-18	OD:3/36 OS:6/60	Myopia,Anstigmatism	OD:-5.00DS OS:-1.50DS/-1.50DCx180	Benin City
9/24/2025 13:44:56	2024-2025	Glovera	Male	6-8	OD:6/9+2 OS:6/9	Astigmatism	OU:+0.50DS/-0.75DCx90	Benin City
9/24/2025 13:50:57	2024-2025	Glovera	Female	13-15	OD:6/6-1 OS:6/5	Astigmatism	OU:+0.50DS/-0.25DCx90	Benin City
9/24/2025 13:53:02	2024-2025	Glovera	Male	6-8	OD:6/9-1 OS:6/9+2	Myopia	OU:-0.50DS	Benin City
9/24/2025 13:57:49	2024-2025	Glovera	Male	9-12	OD:6/5-1 OS:6/5	Astigmatism	OU:+0.25DS/-0.25DCx90	Benin City
9/24/2025 14:00:15	2024-2025	Glovera	Female	9-12	OD:6/18 OS:6/18+1	Astigmatism	OU:PL/-0.75DCx180	Benin City
9/24/2025 14:03:52	2024-2025	Glovera	Male	13-15	OU:6/6	Astigmatism	OU:+0.50DS/-0.50DCx90	Benin City
9/24/2025	2024-2025	Glovera	Male	13-15	OD:6/5 OS:6/5-	Astigmatism	OU:PL/-0.50DCx180	Benin City

14:52:24								
9/24/2025 14:56:13	2024-2025	Glovera	Male	13-15	OU:6/5	Astigmatism	OD:PL/+0.25DCx180 OS:PL/+0.25DCx90	Benin City
9/24/2025 14:58:12	2024-2025	Glovera	Female	16-18	OU:6/6+	Astigmatism	OU:+0.50DS/-0.25DCx90	Benin City
9/24/2025 15:01:09	2024-2025	Glovera	Female	9-12	OD:6/9+2 OS:6/6+	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/24/2025 15:06:28	2024-2025	Glovera	Female	9-12	OU:6/18	Astigmatism	OU:+0.25DS/-0.50DCx90	Benin City
9/24/2025 15:08:06	2024-2025	Glovera	Female	9-12	OU:6/36	Myopia	OU:-2.75DS	Benin City
9/24/2025 15:10:09	2024-2025	Glovera	Female	16-18	OD:6/6 OS:6/5	Astigmatism	OU:+0.75DS/-0.75DCx90	Benin City
9/24/2025 15:11:37	2024-2025	Glovera	Female	6-8	OD:6/6-1 OS:6/5-2	Astigmatism	OU:PL/-0.50DCx180	Benin City
9/24/2025 15:13:11	2024-2025	Glovera	Female	13-15	OD:6/24 OS:6/36	Myopia	OU:-1.50DS	Benin City
9/24/2025 15:13:59	2024-2025	Glovera	Female	9-12	OU:6/9	Myopia	OU:-0.25DS	Benin City
9/24/2025 15:15:27	2024-2025	Glovera	Female	13-15	OD:6/6+ OS:6/6	Astigmatism	OU:PL/-0.50DCx180	Benin City
9/24/2025 15:30:55	2024-2025	Glovera	Female	16-18	OD:6/5 OS:6/5-1	Hyperopia	OU:+0.25DS	Benin City
9/24/2025 15:34:40	2024-2025	Glovera	Female	13-15	OD:6/6-2 OS:6/6-1	Hyperopia	OD: +0.25DS OS: +0.50DS	Benin City
9/24/2025 15:38:11	2024-2025	Glovera	Female	16-18	OD:6/36+ OS:6/24	Myopia	OU: -2.50DS	Benin City
9/24/2025 15:40:46	2024-2025	Glovera	Male	9-12	OD:6/9-2 OS:6/6-1	Astigmatism,Hyperopia	OD:+0.50DS/-0.50DCx180 OS: +0.50DS	Benin City
9/24/2025 15:42:49	2024-2025	Glovera	Female	13-15	OD:2/36 OS:3/36	Myopia	OD:-6.00DS OS:-5.00DS	Benin City
9/24/2025 15:56:33	2024-2025	Glovera	Female	13-15	OU:6/6-1	Astigmatism	OD:+0.50DS/-0.50DCx180 OS:+0.25DS/-0.50DCx180	Benin City
9/24/2025 15:59:22	2024-2025	Glovera	Female	9-12	OU:6/6	Astigmatism	OU:PL/-0.25DCx180	Benin City

9/24/2025 16:01:02	2024-2025	Glovera	Female	9-12	OU:6/9	Hyperopia	OU:+1.00DS	Benin City
9/24/2025 16:03:58	2024-2025	Glovera	Female	13-15	OD:6/6 OS:6/5	Astigmatism	OD:+0.50DS/-0.25DCx90 OS:+0.50DS/-0.25DCx90	Benin City
9/24/2025 16:07:29	2024-2025	Glovera	Female	16-18	OD:6/6-2 OS:6/6	Astigmatism	OU:PL/-0.25DCx180	Benin City
9/24/2025 16:14:07	2024-2025	Glovera	Female	13-15	OD:6/9 OS:6/9+2	Astigmatism	OU:+0.50DS/-0.50DCx180	Benin City
9/24/2025 16:16:04	2024-2025	Glovera	Female	16-18	OU:6/6-2	Astigmatism	OU:+0.50DS/-0.50DCx180	Benin City
9/24/2025 16:22:06	2024-2025	Glovera	Female	16-18	OD:6/12 OS:6/6-	Hyperopia	OU: +0.50DS OU: +0.75DS	Benin City
9/24/2025 16:25:58	2024-2025	Glovera	Female	13-15	OD:6/6+ OS:6/9	Astigmatism	OU:PL/-0.50DCx180	Benin City
9/24/2025 16:30:23	2024-2025	Glovera	Female	16-18	OD:6/6-2 OS:6/9	Astigmatism	OD:+0.25DS/-0.50DCx180 OS:+0.50DS/-0.50DCx180	Benin City
9/24/2025 16:33:30	2024-2025	Glovera	Female	16-18	OU:6/9	Astigmatism	OD:-0.50DS/-1.00DCx180	Benin City
9/24/2025 16:35:56	2024-2025	Glovera	Female	9-12	OD:6/5-2 OS:6/6+	Hyperopia	OU:+0.25DS	Benin City
9/24/2025 16:37:40	2024-2025	Glovera	Female	9-12	OU:6/6+	Hyperopia	OU:+0.50DS	Benin City
9/24/2025 16:40:08	2024-2025	Glovera	Female	9-12	OU:6/12+	Myopia,Astigmatism	OD:-1.25DS OS:-0.75DS/-0.50DCx180	Benin City
9/24/2025 16:43:51	2024-2025	Glovera	Male	9-12	OD:6/9-2 OS:6/9+2	Astigmatism	OU:+0.25DS/-0.75DCx180	Benin City
9/24/2025 16:45:27	2024-2025	Glovera	Female	9-12	OD:3/60 OS:6/60	Myopia	OD:-6.00DS OS:-5.00DS	Benin City
9/24/2025 22:00:22	2024-2025	Glovera	Female	13-15	OD:6/9 OS:6/6	Astigmatism	OU:PL/-0.50DCx90	Benin City
9/24/2025 22:03:05	2024-2025	Glovera	Female	16-18	OU:6/6+	Astigmatism	OU:+0.50DS/-0.50DCx90	Benin City
9/24/2025 22:04:27	2024-2025	Glovera	Female	6-8	OD:6/24-1 OS:6/18-2	Myopia	OU: -2.00DS	Benin City
9/24/2025	2024-2025	Glovera	Male	16-18	OD:3/60	Myopia	OU: -11.00DS	Benin City

22:05:41					OS:2/60			
9/24/2025 22:07:22	2024-2025	Glovera	Female	13-15	OU:3/36	Myopia	OD:-5.00DS OS:-4.00DS	Benin City
9/24/2025 22:08:54	2024-2025	Glovera	Female	9-12	OD:6/6- OS:6/6+	Hyperopia	OU: +0.50DS	Benin City
9/24/2025 22:10:42	2024-2025	Glovera	Female	16-18	OD:6/6- OS:6/6+	Astigmatism	OU:+0.25DS/-0.25DCx180	Benin City
9/24/2025 22:12:02	2024-2025	Glovera	Female	16-18	OU:2/36	Myopia	OU: -5.50DS	Benin City
9/24/2025 22:13:24	2024-2025	Glovera	Female	16-18	OU:6/5	Astigmatism	OU: -1.00DS/-0.50DCx90	Benin City
9/24/2025 22:16:02	2024-2025	Glovera	Female	9-12	OU:6/6+	Astigmatism	OU:+0.25DS/-0.25DCx180	Benin City
9/24/2025 22:21:58	2024-2025	Glovera	Female	9-12	OU:6/6	Astigmatism	OU:+0.50DS/-0.50DCx90	Benin City
9/24/2025 22:36:03	2024-2025	Glovera	Female	6-8	OD:6/60+ OS:6/36	Myopia	OU: -3.00DS	Benin City
9/24/2025 22:37:39	2024-2025	Glovera	Female	6-8	OU:6/9+2	Astigmatism	OU:+0.25DS/-0.25DCx180	Benin City
9/24/2025 22:38:46	2024-2025	Glovera	Female	16-18	OD:6/60 OS:6/18	Myopia	OU:-2.00DS	Benin City
9/24/2025 22:40:10	2024-2025	Glovera	Male	9-12	OU:6/5	Astigmatism	OU:+0.50DS/-0.50DCx180	Benin City
9/24/2025 22:41:40	2024-2025	Glovera	Female	13-15	OD:6/18 OS:6/18+3	Myopia	OD: -1.50DS OS: -1.00DS	Benin City
9/24/2025 22:43:36	2024-2025	Glovera	Female	6-8	OU:6/18	Astigmatism	OD:+0.50DS/-0.50DCx180 OS:+1.00DS/-0.50DCx180	Benin City