



**SDI FINAL EVALUATION FORM 1.1**

**PART 1:**

Journal Name:	<a href="#">Journal of Advances in Medicine and Medical Research</a>
Manuscript Number:	<b>Ms_JAMMR_45576</b>
Title of the Manuscript:	<b>Administration of IV Thrombolytic Therapy in A Patient with Hemianopsia Symptoms</b>
New Title:	<b>IV Administration of Thrombolytic Therapy In A Case with Hemianopsia Symptoms</b>
Type of Article:	<b>Case report</b>

**PART 2:**

<b>FINAL EVALUATOR'S comments on revised paper (if any)</b>	<b>Authors' response to final evaluator's comments</b>
My final decision is Accept	

**Reviewer Details:**

Name:	<b><i>Yueh-Feng Sung</i></b>
Department, University & Country	<b><i>National Defense Medical Center, Taiwan</i></b>