



**SDI FINAL EVALUATION FORM 1.1**

**PART 1:**

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|--------------------------|---|
| Journal Name:            | <a href="#">Journal of Advances in Medicine and Medical Research</a>                                      |
| Manuscript Number:       | <b>Ms_JAMMR_48352</b>   |
| Title of the Manuscript: | <b>Correlation of features of Allergic rhinitis and Allergic conjunctivitis with Treatment Modalities</b> |
| Type of Article:         |   |

**PART 2:**

| <b>FINAL EVALUATOR'S comments on revised paper (if any)</b>                                    | <b>Authors' response to final evaluator's comments</b> |
|--|--|
| <b>The authors accepted most of my suggestions, so the article can be considered "revised"</b> |  |

**Reviewer Details:**

|                                  |  |
|----------------------------------|--|
| Name:                            | <b><i>Celso Eduardo Olivier</i></b>                      |
| Department, University & Country | <b><i>Instituto Alergoimuno de Americana, Brazil</i></b> |