



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An International Journal
Manuscript Number:	2015_OR_17749
Title of the Manuscript:	A clinical sign for aiding the diagnosis of unilateral orbital fat herniation
Type of the Article	

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	1- Please consider the setting for this case. 2- Please consider if there was a history of trauma or not. 3- Mention the laboratory investigations done.	Thank you 1. I'm sorry, but I do not know what is intended by 'the setting'. The text does state that the patient was seen in 'the orbital clinic' 2. This has been added to the text 3. This has been added to the text
<u>Minor</u> REVISION comments	More details about the surgical procedure done.	The patient declined surgical intervention – this has been added to the text.
<u>Optional/General</u> comments	Some typographical errors should be corrected	The text has been checked again and corrections made.