SDI Review Form 1.6

Journal Name:	**Ophthalmology Research: An International Journal**
Manuscript Number:	**2014_OR_15353**
Title of the Manuscript:	**ANTERIOR MIGRATION OF THE ENCIRCLING BAND: A REPORT OF TWO CASES**
Type of the Article	**Case Study**

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)*
Compulsory REVISION comments	I do believe that the manuscript should be accepted in its present form following the journal's peer review policy. In fact, although not new, the manuscript is well written and shows appropriately the current knowledge on the subject. I assume that the word superior should be changed with the word inferior, page 2 line 41.	
Minor REVISION comments		
Optional/General comments		

Reviewer Details:

Name:	**Anonymous**
Department, University & Country	**Italy**