

SURNAMES (Block Letters)

ADDAI

FIRST NAMES

JUSTINA

Sex

FEMALE

PHONE NUMBER.....

0243-868564 / 0200311989

ADDRESS OR RESIDENTIAL.....

CANTOMENI

OCCUPATION

DECORATION & HAIRDRESSING

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Ms. Justina Addai

CARD NUMBER: 13381

DATE: 10/09/2016

1/2 FB sensation in RE for 3 yrs. Photophobia⁺,
burning sensation⁺. Headache (frontal) for 2/32.
Asthma⁺, SCD⁺, Allergies⁺ (sprays).

VR 6/6m

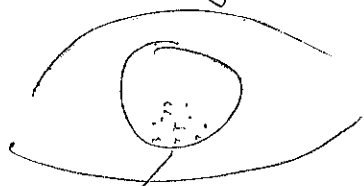
VR 6/5m

normal

lid - normal

mild injection - conjunctiva - clear

cornea - clear



KPS - small
non pigmented

Deep
Plane⁺
cells⁺

R/R

AC - Deep Lines

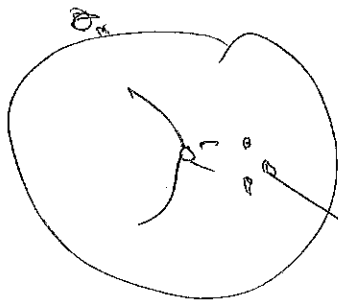
Pupil - R/R

Thompson - lens - Thompson
 Bands - when - ~~for~~ Bands
 cells

Amulus

0.7

Bulk



Shoreward of
Scar

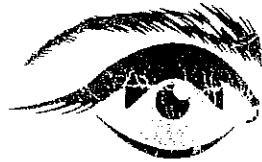
0.8

Harder

of Remuneration (R)
 Surplus disc

Play

1. Cuth Tress Malugle RE 918
 2. Cuth ~~pred~~ ^{scope pred} ~~forte~~ RE 8 Shouly
 3. Cuth cyclopentate RE 6d
 3. ~~To see in~~ $\frac{1}{52}$ Cuth Tindol RE 65 X $\frac{1}{52}$
- See in $\frac{1}{52}$ Obenap



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 17-9-16

c/c Photophobia in BE for 7/52.

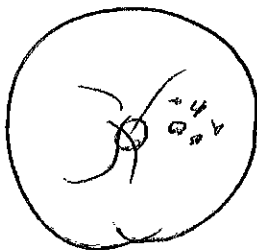
VR 6/9ug, N.I.PH VR. 6/5ug

(R) Corneo-KPS (Contact)
AC - +1 day

Top
K

10 13

regue dep - fulus - 4/54
actum + traptum
lesum



Plan

① Ecosand
2ul
25

② Tineol
bd
25

③ Cus Dithionax
500s

④ fcb Predicta
200 5/7
200 5/7

Sn 2/52

13381



INTER-STAR EYE CLINIC & LASER CENTER

Loc: 10th Lane H/No. F764/1 Osu, RE Accra, Old American Embassy Road, Opposite
Buka Restaurant Near Citizen Kofi. E-mail: Interstareyeclinic@gmail.com Tel: 0302-783832 / 027-7755354

NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R								PRESCRIPTION GIVEN			
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism			
10-9-16	Dist											
P.D. 65mm	Inter											
	Read											

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED	
R	L	R	L				

DISPENSING NOTES	FRAME		DESCRIPTION		GH¢	P
	LENSES					
	COATING					
	SUNDRIES					

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	
	VOUCHER	
	BALANCE	
	DEPOSIT	
	BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMÉTRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/bur	6/R	Plan ^{N2}	R = 6/6
6/5-ue	6/L	Plan	Rdg ADD 7/6 ^L
		Binoc ADD	= 6/5 = N
MUSCLE BALANCE			RETEST DATE
<u>Aut</u> R +0.25/-0.50 x 8 L +0.50/-0.25 x 164			