RNAMES (Block Letters)	FIRST NAME	[ .	Sex
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e of birth Age 8/45 71	PLACE Soman	OF BIRTH	ANY ALLEGIC REACTION TO MEDICINE
tionality	religion Umetan	13 [09]	RST ATTENDANCE
NEXT OF KIN	ADDRESS OR 054 33435	PHONE No. OF NEXT OF	KIN

.



## NUBRESTARREYE CLINIC & LASER CENTRE

	Lucas Gaatl	CARD NUMBER: 13398
	13 09 296	
le l	Sluvred usian in	BET for 40yrs. USion
l	has gotten worse in	. The last month after
	taking hypertensive	
	Dust (5yrs, ands), to	T (onds)
Levy	Dust (sys, ands) to	GP 142/80.
V	1R 8/36mg/6/18 PH	
	6/189/	N 6/24mg 6/24pt.
	(10 7)	
	LAP - 6	- Int moder
0.10	cre - Con	ma e dear
M	Cotreel + Con	and welt poor
617	por coferor ful	on attact pse us - 864
	Su	1) Rehiers Tags



## 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 / 027-77!55354

Duka Nesidulalit N	ieai Citizei	ı Moni E.	man. mie	a State yet:	mcwym	ian.com lei.	0302-7636	32 / U21-/	700004	
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DISPENSED BY	CHEC	KED BY		RECEIVED	ВҮ	DATE	- <del></del>			
			<u> </u>							

SYMPTOMS & HISTORY		OCCUPATION HUBBIES
EXTERNAL EXAMINATION OPTHALMOSCOPY	F	IELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY SUBJECTIVE  6/R 12 OD /- 1.2  6/R 12 OD /- 1.2  6/R 12 OD /- 1.2  Binoc ADD		ACCOMMODATION  = 6 / 1 R  Rdg ADD
MUSCLE BALANCE  Auto Addt 3-0  R Ever 1-125 x 99  L +1-75/-1.25 x 99	000	RETEST DATE  J &