

URNAMES (Block Letters)
TEBU

FIRST NAMES
LUCT

Sex
F

PHONE NUMBER.....0244456639.....

ADDRESS OR RESIDENTIAL.....c/o CHRISTIAN MEDICAL
CENTRE NUNGUA BOX 172 K'BU.....

OCCUPATION
NURSING / MIDWIFERY / RTD

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER

DATE OF BIRTH
- 5 4 6

AGE
70 YRS

PLACE OF BIRTH
AGATE / VR

ANY ALLEGIC REACTION
TO MEDICINE
YES

NATIONALITY
HAINAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
3 - 11 - 16

NEXT OF KIN YONAM AMEDORNU	ADDRESS OR PHONE No. OF NEXT OF KIN 0244518849
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INTERSTAR EYE CLINIC & LASER CENTRE

NAME: Lucy Tebu

CARD NUMBER: 14039

DATE: 3/11/16

c/c Progressive loss of vision in BB-LOR
for 3 yrs. On Xalatan nocte BB and Azopt
od BB. Experiences pain in BB with
application of Azopt.

Dm⁺ (3 yrs, on tabs), HPT⁺ (5 yrs, on med), Asthma⁺ sed⁺
last fbs 5.4 last BP 130/70 Allergic to diclofenac.

VR 6/60m, Cdapt VR 6/24m, 6/12m

Blepharitis on

A
18 18

✓ cornea ✓

✓ HCC ✓

✓ pupil ✓

OS2, CC lens OS2, CC

AM=0.8 fmsi AM=0.8

DBE

- Bilateral cataracts
- Glaucoma

Plan: ① eye glasses

② At - palmitate BE neck

③ At - Azoxy BE TID

④ o-cis-o-nitro-o-cis
• VFI

See 1/2

Dr. Brumel

14039



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			
3-11-16	Dist	-2.00				-2.00	-0.75	80				
P.D.	Inter											
65MM	Read	+3.00				+3.00						

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED	
R	L	R	L				

DISPENSING NOTES	DESCRIPTION	GH¢	P
	270075315 145 TOP CS		
	FRAME Lant's 3	150.00	
	LENSES photo b/f	250.00	
	COATING		
	SUNDRIES		

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	400.00
	VOUCHER	paid 3/11/16
	BALANCE	
	DEPOSIT	
	BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			7/11/16

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/12 R/L 6/24 R/L	6/R -2.00 DS = 6/9 6/L -2.00 / -0.75 X 80 = 6/12 Binoc ADD		R L Rdg ADD 769 — = N 5
MUSCLE BALANCE	Auto Add + 3.00 DS R -1.50 / -1.00 X 99 L -2.50 / -1.25 X 81		RETEST DATE J2