RNAMES (Block Letters)	FIRST NAMES	Sex

IONE NUMBER..
....

DRESS OR RESIDENTIAL..
....

CCUPATION
....

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
....	....	....	....

E OF BIRTH	AGE	PLACE OF BIRTH	ANY ALLEGIC REACTION TO MEDICINE
....	....	....	....

ATIONALITY	RELIGION	DATE OF FIRST ATTENDANCE
....	....	....

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
....	....
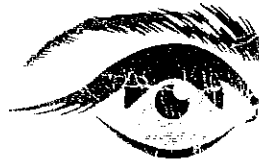
c/o Review. DM⁺ (<10yrs, on tabs), HPT⁺ (>10yrs, on meds).
last fbs 5.8, last BP 120/96.

VR 6/9ur, 6/5pH.   VL 6/6ur.

retina —— pupil —— retina

sclerotic —— lens —— sclerotic

c/0.55   fundus   c/0.9⁺

Rx:
① Lumigan nocte
② Alphagan bd
③ Epi-soft bd

4-11-16 4/12 Review. on Alphagan, Lumigan & Episoft.

v2 6/5q/.   v2. 6/5q/.

            Bu1 glude

Rp
IS 14

                                    Plac
                              ⊙   σ

        8u 2/12

0244 786258

INTER-STAR EYE CLINIC & LASER CENTRE

13492

Loc: 10th Lane, Hse. No. 764, Osu RE, Opp. Buka Restaurant,
near Old American Embassy. Tel: 233-302-783832 / 027-7755354

Name: Mr. Harry Staudt

Age: 64 (yrs)

Address: ~~Clara~~ KORLE - BU

Date: 22 / 09 / 2016

Laser ALT GH¢300·°° 22/9/16 used
pre paid 23/9/16)

Referred for B/l ALT O/s

R/L POAG

RE - ALT

Time	Power /	# s spts	Spot size
01	320	322	50

LE ALT

Time	Power /	# s spts	Spot size
01	320 /	130	50

plan

(1) TO grales

SU ³/₅₂
GH¢ 150 (LE ALT) paid 7/10/16.

13492

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			
7-10-16		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
	Dist	+0.50				+0.50	-0.50	180	
P.D 67mm	Inter								
	Read	+2.75				+2.75			

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED	
R L		R	L				

DISPENSING NOTES	DESCRIPTION	GH¢	P
	FRAME		
	LENSES		
	COATING		
	SUNDRIES		
	TOTAL		
	VOUCHER		
	BALANCE		
PLEASE TICK	DEPOSIT		
CASH ☐ CHEQUE ☐ CREDIT CARD ☐	BALANCE		

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE	

SYMPTOMS & HISTORY	OCCUPATION HUBBIES

EXTERNAL EXAMINATION OPTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY

6/9us
db ω

SUBJECTIVE

6/R $+0.50$ DS $= 6/$

6/L $+0.50/-0.50 \times 18$ $= 6/$

Binoc ADD

ACCOMMODATION

R $7 6/5$ L

Rdg ADD

$= N5$

MUSCLE BALANCE

Auto

$Add + 2.75$ DS

RETEST DATE

R $+0.50/-0.25 \times 624$.

L $+0.75/-0.25 \times 175$