

SURNAMES (Block Letters)

KOTEY

FIRST NAMES

GRACE

Sex

Female

PHONE NUMBER.....

0276784623

ADDRESS OR RESIDENTIAL.....

Haitso

OCCUPATION

Trader

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

1/6/1951

AGE

66

PLACE OF BIRTH

ACCRA

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY

Ghanaian

RELIGION

Christian

DATE OF FIRST ATTENDANCE

29/8/17

NEXT OF KIN

Theressa

ADDRESS OR PHONE No. OF NEXT OF KIN

0277043837

P29/8/17

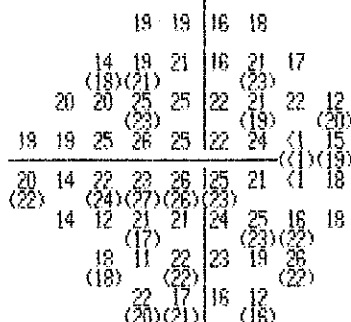
BIRTHDATE 06-21-51

PATTERN DEVIATION

DEC

TIME 10:19:36 AM

FP 0/9



CPSD

3.01 DE P <

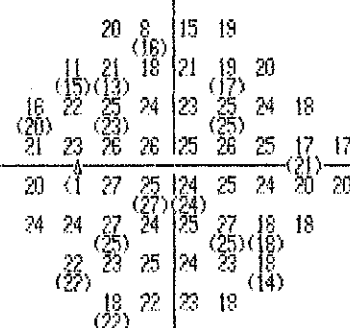
DEC

TIME 10:37:35 AM

FL LOW PAT
3/15 XX

PRISON W
FN 0/8

ST LONAE E
FP 0/11.













CPSTC

0.58 DB

■ $p < 0.5\%$

DE

									
8 ₊ 1	25 ₊ 1	8 ₊ 3.2	25 ₊ 10	79 ₊ 32	251 ₊ 100	794 ₊ 316	2512 ₊ 1000	7943 ₊ 3162	2 ₊ 10000
41 ₊ 50	36 ₊ 40	31 ₊ 35	26 ₊ 30	21 ₊ 25	16 ₊ 20	11 ₊ 15	8 ₊ 10	1 ₊ 5	0

0277-755354/0244850200

ALLERGAN
HUMPHREY
REV 88



CLINIC & LASER CENTRE

NAME Grace Kotey

CARD NUMBER 17909

DATE 27-8-17

% Growth on RE for sys. tearing⁺.
 DM⁺ HPT⁺ (on tabs). Halos. glasses⁺ (1/12).
 VR 6/9e, 6/9g VR 6/6e, 6/6g

A
 16 17

① - Ind - ②
 O_x - Conj - O_o
 Conj fld - Conj - Clear
 Clear - Clear
 MA - MA
 MA⁺ - Rpt - Rpt
 Clear - Clear
 1/0.88 - Indur 1/0.55

Inf is Dry Eyes
 2. Surfactant Absor

Plan
 1. VFT / OLT (RNFL)
 2. Ant R. Irens SE fld.

UPF

-8.22dB - MD -6.42dB

3.49dB - PSD - 2.36dB

~~10~~ - is do out (AMP)
see 1/2

step



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 29-8-17	R PRESCRIPTION GIVEN								
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
P.D.	Dist								
	Inter								
	Read								

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	GH¢	P
	LENSES		
	COATING		
	SUNDRIES		
	TOTAL		
PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	VOUCHER		
	BALANCE		
	DEPOSIT		
	BALANCE		

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
--------------	------------	-------------	------

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/9 L 6/6 R	6/R NFI 6/L NFI Binoc ADD		R Rdg ADD $76/16$ = N
MUSCLE BALANCE		RETEST DATE.	
Add + 2.75 DS. <u>Auto</u> R +0.25/-0.25 x16 L plano 0.50 x107			