

URNAMES (Block Letters)
SEIBU

FIRST NAMES
SELIFATU

Sex
F

PHONE NUMBER.....0549538318

ADDRESS OR RESIDENTIAL.....KASOA

OCCUPATION
TRADER

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
<input checked="" type="checkbox"/>			

DATE OF BIRTH
AGE
45

PLACE OF BIRTH
NOLTA

ANY ALLEGIC REACTION
TO MEDICINE
N/A

NATIONALITY
JHANA HAN

RELIGION
MUSLIM

DATE OF FIRST ATTENDANCE
27-9-17

NEXT OF KIN SISTER	ADDRESS OR PHONE No. OF NEXT OF KIN 0573415576
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05/08/19

pt. Feels pain in the eye ball, tearing, xfs
a one year

8/17/16/18

6/6/19

NCT
15 16
(13) (15)

sem

difficulty reads small print
tear⁺, headache

of E

Qunt

clear cornea

deep AC

npv pupil

NR

0.2 CDH 0.2

(W) Lrus

pl. refract

Wd

* Patient said she doesn't
need glasses to read &
won't take the glasses.*

1. put Amc - new Guly
2. put Refish tears Guly
3. See 4/12

Wd



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: interstareyeclinik@gmail.com Tel: 0302-783832 / 027-7755354

NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____

DATE OF TEST

05/03/19

R

DATE OF BIRTH _____

PRESCRIPTION GIVEN

	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
Dist	Plano				Plano			
Inter								
Read	+1.75				+1.75			

P.D.

63mm

HEIGHTS

R L

MONO

R L

BLANK

TECH SIG.
CHECKED

DISPENSING NOTES

FRAME

DESCRIPTION

GH¢ P

LENSES

COATING

SUNDRIES

TOTAL

VOUCHER

BALANCE

DEPOSIT

BALANCE

PLEASE TICK

CASH ☐

CHEQUE ☐

CREDIT CARD ☐

DISPENSED BY

CHECKED BY

RECEIVED BY

DATE

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/5 we	6/R	Plano	= 6/5 R L
6/5 w	6/L	Plano	Rdg ADD 2 1/5 = N
	Binoc ADD		
MUSCLE BALANCE	Add +1.75 03		252 RETEST DATE
R +0.25/-0.50 x 4			
L +0.25/-0.50 x 21			