

URNAMES (Block Letters)  
ASHONG

FIRST NAMES  
EMMANUEL

Sex  
M

ONE NUMBER..... 0545 990511 / 0577393935

DRESS OR RESIDENTIAL..... 054 - Anokor - Accra

OCCUPATION  
Cashier

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH 10/09/96	AGE 20
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PLACE OF BIRTH  
LA - ACCRA

ANY ALLEGIC REACTION  
TO MEDICINE  
No

NATIONALITY  
HANTIAN

RELIGION  
CHRISTIAN

DATE OF FIRST ATTENDANCE  
10/09/16

NEXT OF KIN next Acheampong	ADDRESS OR PHONE No. OF NEXT OF KIN 054 - Anokor - Accra
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# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Emmanuel Ashong

CARD NUMBER: 13384

DATE: 10/9/2016

1/c Poor night vision in RE since childhood.

Asthma<sup>+</sup>, scd<sup>+</sup>.

VR G/gua, N.Ipt.

- R G/gua,

AM - seq - quiet

A  
12 12

Bone spicule  
pigmentation  
arteriolar attenuation

MDI

Bone spicule  
pigmentation  
arteriolar attenuation

Plan - give glasses

Dr. Brannan



# 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			
10-9-16.	Dist	Plaw				Plaw	-0.50	180				
P.D. 71mm	Inter	(13-9-16)										
	Read											

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES			
	COATING			
	SUNDRIES			

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	
	VOUCHER	
	BALANCE	
	DEPOSIT	
	BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
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patient insists on taking  
glasses even after being told

SYMPTOMS & HISTORY It wants improve his vision.		OCCUPATION HOBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY 6/9 ug 6/6 ue	SUBJECTIVE 6/R Plano (MI) = 6/9 6/L Plano - 0.50 x 180 = 6/5 Binoc ADD	ACCOMMODATION R L Rdg ADD 7/65- = N	
MUSCLE BALANCE <u>Auto</u> R -1.00/-0.75 x 47 L -0.75/-1.00 x 177		RETEST DATE	