

SURNAMES (Block Letters)  
~~DAW~~WOXEMOR

FIRST NAMES  
RUDOLF

Sex  
MALE

PHONE NUMBER..... 0245547635

ADDRESS OR RESIDENTIAL..... Ron 8 ELUBO

OCCUPATION  
ELECTRICAL ENGINEER

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
YES	NO	NO	NO

DATE OF BIRTH	AGE
6 JUNE 1981	38

PLACE OF BIRTH  
AFLAO

ANY ALLEGIC REACTION  
TO MEDICINE  
1

NATIONALITY  
GHANAIAN

RELIGION  
CHRISTIAN

DATE OF FIRST ATTENDANCE

NEXT OF KIN SERGEM	ADDRESS OR PHONE No. OF NEXT OF KIN 0245547635/0546823337
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# INTERSTATE EYE CLINIC & LASER CENTRE

NAME Rudolf Woxemor

CARD NUMBER 17999

DATE 4/9/17

Franchise Repaid:  
(4/9/17) (5/11/17).

W's sudden pain in LE about 8/12 ago; new  
blurred vision and pain in LE.

Trueme<sup>®</sup>, DM<sup>®</sup>, HPT<sup>®</sup>

VR: 6/5 ue

VL: NPL ue

Clear - White - Clear  
Grade - AC - grade  
Vitreous - Prol - detached

IM  
←  
16/8  
Clear - Lens - CO with coated  
contact

W 3 - fundus - No W 3

Plus

① R Tears  
and

② Ls 4/8 + 10r  
(cosmetol)

fu 6/5