

URNAMES (Block Letters)

ABBEY

FIRST NAMES

HANNAH

Sex

F

PHONE NUMBER

020 2262106

ADDRESS OR RESIDENTIAL

ANASAMAN

OCCUPATION

STUDENT

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

14/94

AGE

22

PLACE OF BIRTH

KUMASI

ANY ALLERGIC REACTION  
TO MEDICINE

NATIONALITY

HAWAIIAN

RELIGION

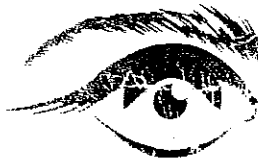
CHRISTIAN

DATE OF FIRST ATTENDANCE

1/11/2016

NEXT OF KIN

ADDRESS OR PHONE No. OF NEXT OF KIN



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Hannah Akrey

CARD NUMBER: ~~14023~~ 14023

DATE: 1/11/2016

C/C :- Whitchish discharges, itches pains in both eyes;  
started abt 4 days ago; feels heaviness in both  
eyes

pain, + itch, burning sensation +

Asthma -, hptn -, Sickle Cell -, diabetes -

V<sub>R</sub> 6/5 un

V<sub>L</sub> 6/5 un

Bilateral Conjunctivitis

Sn 4/52

- Plan
- ① Enoxan  
2nd BE
  - ② Voltaren  
2nd BE

14023



# 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: Hannah Abbey. TEL HOUSE \_\_\_\_\_ WORK \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DATE OF TEST	R								PRESCRIPTION GIVEN			
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism			
1-11-2016	Dist	+0.50				+0.50						
P.D. 65mm	Inter											
	Read											

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED	
R	L	R	L				

DISPENSING NOTES	DESCRIPTION	GH¢	P	
	FRAME <u>Full rim Bvvr. Burberry 1</u>	1200		
	LENSES <u>photo Ape SW</u>	160.~		
	COATING			
	SUNDRIES			

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	GH¢ 1860.~
	VOUCHER	paid 1/11/16.
	BALANCE	
	DEPOSIT	
	BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			3-11-16

R 6/9 +1 BT

L 6/9

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
R 6/5	6/R + 0.50 DS		R 6/5 L
L 6/5	6/L + 0.50 DS		Rdg ADD = N
		Binoc ADD	
MUSCLE BALANCE		RETEST DATE	
Auto			
R: +2.75 -0.25 X 178			
L: +3.75 -0.50 X 15			