

URNAMES (Block Letters)
LILSON-COFIE

FIRST NAMES
ABDUL-AZEEM

Sex
M

ONE NUMBER 0276421834

DRESS OR RESIDENTIAL ES4/11, OFF OKU STREET,
NIMA - ACCRA

CUPATION
STUDENT

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER

DATE OF BIRTH
07/2004

AGE
12

PLACE OF BIRTH
ALEXANDRIA, VA

ANY ALLERGIC REACTION
TO MEDICINE

NATIONALITY
BRITAN

RELIGION
ISLAM

DATE OF FIRST ATTENDANCE
10/09/2016

TEXT OF KIN
AN COLLISON-COFIE

ADDRESS OR PHONE No. OF NEXT OF KIN
0276421834



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Abdul - Azeem Collison - Coffie CARD NUMBER: 13383

DATE: 10/09/2016

%c. Wants to change glasses

VR 6/60m, 6/5q

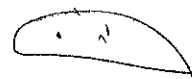
VR 6/36m, 6/5q

~~Hermitian~~ change of BE.
no Barner redness,

Q2



lid



Quiet also Quiet

all R pupil - RLR

of allergic conjunctivitis
play

2 - Allt

2 - Allt

Chorion BE 4/5

Refresh tears BE 4/5

See in 6/62

Therapeutic



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			
90-9-16	Dist	-2.00				-2.25						
P.D. 64mm	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES	uv slv	80.00	
	COATING			
	SUNDRIES			

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	ant 80.00
	VOUCHER	fully paid
	BALANCE	10/9/16
	DEPOSIT	
	BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			16/09/16

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMÉTRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/5-9/1	6/R -2.00 DS	= 6/5	R 7/6/5 L
6/5-9/1	6/L -2.25 DS	= 6/5	Rdg ADD = N
	Binoc ADD		
MUSCLE BALANCE			RETEST DATE
<u>Auto</u> R -2.50/-0.25 X 29 L -2.50 DS.			