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	AGE TYRS		PLACE OF BIRTH  ANY ALLEGIC REACTION TO MEDICINE  WONE					
ATIONALITY YANAI A-N	RELIG		DATE OF FIRST ATTENDANCE					
NEXT OF KIN	02	ADDRESS OR PHONE No. OF NEXT OF KIN 0241195388 NOPIH - LEGOW						



## INTERCATION OF CONTRE

NAME: Mr. Kennedy Oman	CARD NUMBER: 13342
DATE: 8/09/0016	•
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## 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

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NAME:	TEL HOUSEWORK										
ADDRESS:						DATE	OF BIRTH				
DATE OF TEST 9-16.	R PRESCRIPTION GIVEN										
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SYMPTOMS & HISTORY OCCUPATION HURRIES EXTERNAL EXAMINATION OPTHALMOSCOPY FIELD TONOMETRY COLOUR ETC OPHTHALMOSCOPY SUBJECTIVE ACCOMMODATION 6/R to 75/-0.50x 180=6/5 Rdg ADD dd+2.00 ps MUSCLE BALANCE RETEST DATE R+0.25/-0.75 x6. L+0.25/-0.50 X170.