

SURNAMES (Block Letters)
ACQUAH

FIRST NAMES
GODSGRACE

Sex
F

PHONE NUMBER.....0264093755

ADDRESS OR RESIDENTIAL.....G71/5, LA

OCCUPATION
DESIGN CONSULTANT

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH
16/83

AGE
33

PLACE OF BIRTH
ACCRA, GHANA

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
GHANAIAN

RELIGION
CHRISTIAN
PROTESTANT

DATE OF FIRST ATTENDANCE
19/SEPT/2016

NEXT OF KIN IAN ACQUAH	ADDRESS OR PHONE No. OF NEXT OF KIN 0266204260
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INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Md. Gadsgrace Acquah

CARD NUMBER: 13462

DATE: 19/09/2016

C photo phobia for 2 1/2, water
pains, dizziness ⊕

DM = ⊕

HPT. ⊕

SCD = ⊕
glasses (2 1/2)

V_R 4/5 wa, 6/5 q1

V_L 6/5 wa, 6/5 q1

DIP

Bal Cas prop 17XL

12 13

1/103 — fulcr — 1/103
pla.

⊕ Relentful

SM 4/52

⊕ Fm neo BE
~~flex~~ 2 1/2

1-10-16 of Review

VR 6/5-9/

VR 6/5-9/

normal - Lid - normal

Papillae - Conjunctiva - Papillae

Direct O/S - Direct



not
confront
normal to
digital reflex

May, but release at BE of
2. Aut - Refresh tears BE
200

See in 2/12
Jensen

6/4/18

C/C: Patient complains of having slight headache
and some pain around the eye.

ORGL: 6/5

ORGL: 6/5-

sem

A
shot done

Direct

plan to continue with old prescript

2 See 1/12

Wick

13462



INTER-STAR EYE CLINIC & LASER CENTER

Loc: 110th Lane H/Mo. F764/1 Osu, RE Accra, Old American Embassy Road, Opposite Bika Restaurant Near Citizen Kofi. E-mail: interstareyeclinik@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			
19-9-16	Dist	Plav	-0.25	90		Plav	-0.25	90				
IRD:	Inter											
68mm	Reat											

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED	
IR	IL	IR	L				

DISPENSING NOTES	DESCRIPTION	GH¢	P
Photo / AR	FRAME		
	LENSES	own	
	COATING	Photo AR SLV	160.00
	SUNDRIES		

RELEASE TICKET CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	GH¢ 160.00
	VOUCHER	paid 20/9/16
	BALANCE	
	DEPOSIT	
	BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			26-9-16

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/5 U ₂ 6/5-2 U ₄	6/R plano/-0.25 x 90 = 6/5 6/L plano/-0.25 x 90 = 6/5 Binoc ADD		R Rdg ADD 76/5 = N
MUSCLE BALANCE			RETEST DATE
Auto R -0.50/-0.75 x 100 L -0.75/-0.25 x 95			

Don't give Dispense for now

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION	
<i>Ungl: 6/6</i>	<i>6/R +0.25/-0.75x90=6/5</i>	<i>R</i>	<i>L</i>
<i>Ungl: 6/6</i>	<i>6/L +0.25/-0.75x90=6/5</i>	<i>Rdg ADD</i>	<i>= N</i>
MUSCLE BALANCE		RETEST DATE	
<i>Auto</i>			
<i>R: -0.25/-1.25x77</i>			
<i>L: pl / -0.75x42</i>			