

URNAMES (Block Letters)  
LANKEY

FIRST NAMES  
NINA NYANIBA

Sex  
F

PHONE NUMBER.....0242944423

ADDRESS OR RESIDENTIAL.....DOME PILLAR 2 NEAR PERFECT SCHOOL

OCCUPATION  
HUMAN RESOURCE PERSONNEL

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
<input checked="" type="checkbox"/>			

DATE OF BIRTH	AGE
16/07/87	30

PLACE OF BIRTH  
ACCRA

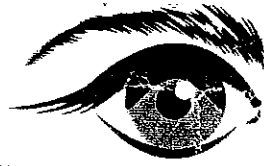
ANY ALLEGIC REACTION  
TO MEDICINE

NATIONALITY  
GHANAIAN

RELIGION  
CHRISTIAN

DATE OF FIRST ATTENDANCE  
5/10/17

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
AGATHA SENNIE	0243587690



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Nankay Nins. H.

CARD NUMBER: 18333

DATE: 5-10-17

1/2 pain in BE for 2/52. not on any drops.

Asluna, sed<sup>b</sup>

VR 6/24m, 6/9g  
6/5PH

R 6/18m, 6/9g  
6/5PH

A  
13 14

⊙ - Ld - ⊙  
Ox Pqullen - Gij - Pqullen ⊙  
PSES<sup>r</sup> - Lnee - PSES<sup>r</sup>  
aa - BE - aa  
RL<sup>r</sup> - pupl - RL<sup>r</sup>  
cler - lens - cler  
g 0.35 - fuden - g 0.35

- Exp 1. Refractive Error
2. Dry Eye 2° Phlegma

1. Prescribe new glasses
2. Get Icaro Nalvele BE grad.
3. Get Fura Flex BE sed

1. Lee 1/2

Atk



# 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 5-10-17	R PRESCRIPTION GIVEN							
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
Dist	-2.75				-3.00			
P.D. 67mm	Inter							
	Read							

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

## DISPENSING NOTES

DESCRIPTION	GH¢	P
FRAME <i>Vogue</i>	500.00	
LENSES <i>SLV AIR</i>	120.00	
COATING		
SUNDRIES		

TOTAL	620.00
VOUCHER	paid 1/11/17
BALANCE	300.00
DEPOSIT	320.00
BALANCE	paid 5/10/17

## PLEASE TICK

CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			1/11/17

SYMPTOMS & HISTORY	OCCUPATION HUBBIES
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EXTERNAL EXAMINATION OPHTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.
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OPHTHALMOSCOPY 6/9 R 6/9 L	SUBJECTIVE 6/R - 2.75 DS = 6/5 6/L - 3.00 DS = 6/5 Binoc ADD	ACCOMMODATION R Rdg ADD 7 L 6/5 = N
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MUSCLE BALANCE <u>Auto</u> R - 2.50/-0.50 X 62 L - 2.75/-0.25 X 107	RETEST DATE
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