

SURNAMES (Block Letters)
Tunoo

FIRST NAMES
Amanda

Sex
female

PHONE NUMBER 0549716814

ADDRESS OR RESIDENTIAL Kingly

OCCUPATION
Student

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH 6/9/92
AGE 27

PLACE OF BIRTH
Kuala Lumpur

ANY ALLEGIC REACTION TO MEDICINE

NATIONALITY
Malaysian

RELIGION
Christian

DATE OF FIRST ATTENDANCE
23/10/2017

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN



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: 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			
23-10-12	Dist	plw -0.75	110			plw -0.75	110					
P.D. 64mm	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES		DESCRIPTION		GH¢	P
plw AIR		FRAME	own		
		LENSES	SLV Photo AIR	160.00	
		COATING			
		SUNDRIES			
		TOTAL		160.00	
		VOUCHER		paid 23/10/12	
		BALANCE			
		DEPOSIT			
		BALANCE			
PLEASE TICK					
CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>			
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE	31/10/12	

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
<p>6/9 R</p> <p>6/9 L</p>	<p>6/R $\text{pluo} - 0.75 \times 110$</p> <p>6/L $\text{pluo} - 0.75 \times 45$</p> <p>Bino ADD</p>		<p>R</p> <p>Rdg ADD</p> <p>L</p> <p>= N</p>
MUSCLE BALANCE			RETEST DATE
<p><u>Aut</u></p> <p>- 0.50 / - 0.25 $\times 112$</p> <p>R</p> <p>L $\text{pluo} - 0.75 \times 44$</p>			