

SURNAMES (Block Letters)

.....

FIRST NAMES

.....

Sex

.....

PHONE NUMBER.....

.....

ADDRESS OR RESIDENTIAL.....

.....

OCCUPATION

.....

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
.....

DATE OF BIRTH	AGE
.....

PLACE OF BIRTH

.....

**ANY ALLEGIC REACTION
TO MEDICINE**

.....

NATIONALITY

.....

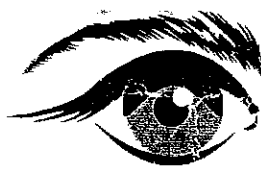
RELIGION

.....

DATE OF FIRST ATTENDANCE

.....

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



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Alice Deloye

CARD NUMBER: 18230

DATE: 25/11/17 12.10.17

CW. For review - No ~~re~~ occasional redness
in RZ for a while. Still on drops.

V_R: 6/6⁻² ua

V_L: 6/5 ua

(R) normal Hazy

IW
2B Primary laser
SRS

fulus - Int pigment
SRS

Sel 6/52

plus
O.L. TLRB
2nd
B

(Y) RZ - Hazy
eye + MMC

18230

024621355

INTER-STAR EYE CLINIC & LASER CENTRE



Loc: 10th Lane, Hse. No. 764, Osu RE, Opp. Buka Restaurant,
near Old American Embassy. Tel: 233-302-783832 / 027-7755354

M: Odoyo Alice

Age: 55

Address: 62 Anumensah St

Date: 25-9-17

Left

Sat 800-w
paid 25/9/17

Referred for (R) primary LSC
O/A (R) primary LSC

RE: 360 Primary LSC

Time	Power	# of Sphs	Sph Sph
02	280	1104	SW

plan
D T O b r e d e t
RSC
G f d b s P o r t a n
b d

See 1/2
1/A + DBE