

SURNAMES (Block Letters)

WOLDE MICHAEL

FIRST NAMES

MARTHA

Sex

F

PHONE NUMBER

026 655 0780

ADDRESS OR RESIDENTIAL

AIRPORT RESIDENTIAL

PALM COURT No. 5

OCCUPATION

HOUSE WIFE

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

7/01/1967

AGE

51

PLACE OF BIRTH

ETHIOPIA

ANY ALLERGIC REACTION
TO MEDICINE

NATIONALITY

ETHIOPIAN

RELIGION

CHRISTIAN

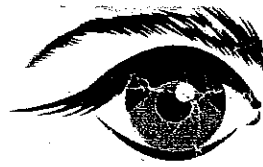
DATE OF FIRST ATTENDANCE

NEXT OF KIN

DR. ABEBE

ADDRESS OR PHONE No. OF NEXT OF KIN

0263017601



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: MARTINA WOLDE M

CARD NUMBER: 18231

DATE: 26-9-17

9c. General checkup.

Dm⁺ (9 yrs, on tabs), HPT⁺, not on any drops.
last fls no Astigmat, sed glasses⁺ (2 yrs)

UR 6/9

12. 6/9

① - hnd - ②

- - Conf - -

clear - cover - clear

me - AU - me

MR - pupil - RR

da - len - clear

9 0.5 - Indur - 9 0.3

A
14 14

Imp 1. Refractive Err

2. Dm type 2 - No RR seen

3. 2y Eyes

Ref

1. Gutt Team Nature 3E gd

2. See 6/12

Ref

18231



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 _____

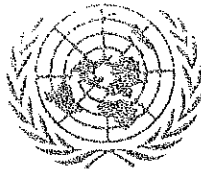
ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R				PRESCRIPTION GIVEN			
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
26-9-17	Dist	+0.75	-0.75	90		+0.50	-0.75	90
P.D.	Inter							
63mm	Read	+2.25				+2.25		
HEIGHTS		MONO		BLANK		TECH SIG. CHECKED		
R	L	R	L					
DISPENSING NOTES				DESCRIPTION		53 17 140 GH¢ P		
AIR				FRAME Rayben		800.~		
Another Order				LENSES AIR prog.		350.~		
22/1/18				COATING				
frame (own)				SUNDRIES				
Lenses AIR prog. 350				TOTAL		944 1150.~		
Total - 944 350				VOUCHER		paid 12/1/18		
Re-ordered.				BALANCE				
PLEASE TICK				DEPOSIT				
CASH <input type="checkbox"/>				BALANCE				
CHEQUE <input type="checkbox"/>								
CREDIT CARD <input type="checkbox"/>								
DISPENSED BY		CHECKED BY		RECEIVED BY		DATE		
						19/1/18		

25 11/18

22-1-18 of patient complains of tired
images when reading, difficulty working

with glasses - SYMPTOMS & HISTORY VR 6/5 - 71		6/5 - 71 OCCUPATION HOBBIES
EXTERNAL EXAMINATION OPHTHALMOSCOPY <u>Plan</u> - remarked, marking (initial) off by 5mm (1/2) to red angles.		FIELD TONOMETRY COLOUR ETC. Normal
OPHTHALMOSCOPY 6/9 us 6/9 us	SUBJECTIVE 6/R +0.75 / -0.75 x 90 = 6/5 6/L +0.50 / -0.75 x 90 = 6/5 Binoc ADD	ACCOMMODATION R Rdg ADD 7 6/5 = N 5
MUSCLE BALANCE <u>Auto</u> R +1.00 / -0.75 x 106 L +0.50 / -0.75 x 85		RETEST DATE 92



UNITED NATIONS CLINIC - Ghana
P.O. Box 1423, Accra, Ghana
Tel: +233-501510036

REFERRAL NOTE

From: Dr. Maida Frani
UN Clinic Physician

To: Eye Specialist
Date: 28/9/17
Subject: Martha Tadesse

Medical Summary:

51 years old female with a history
of Diabetes Mellitus Type 2. She was
diagnosed 9 years ago. Her medical
history is in long. History -
Retinopathy. Thank you.

The above named staff/dependent is being referred for further evaluation and management. Thank you for providing the necessary treatment and kindly send us brief feedback.

Grateful for your cooperation.


Dr. Maida Frani
United Nations Physician
For Ghana

*Please return the slip below to the UN Clinic.

X