RNAMES (Block Letters)	FIRST NAMES	Sex				
MOHAMMEA	MUBARAK	M				
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ONE NUMBER	0941751606					
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DRESS OR RESIDENTIAL	KAS0A					
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CCUPATION	MARRIER D	MARITAL STATUS				
STUDENT	MARRIED   DI	VORCED SINGLE OTHER				
21 (CDC)**						
TE OF BIRTH AGE	PLACE OF BIRTH	ANY ALLEGIC REACTION TO MEDICINE				
12/1992 24 4R8	ACCRA					
<u> </u>	<u> </u>					
		DATE OF FIRST ATTENDANCE				
HANAIAN MI	ISLIM	19/09/2016				
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NEXT OF KIN	ADDRESS OR PHONE No. O	DF NEXT OF KIN				
NEMUNA	0244 722503					



## INTERCHARIEVE CUNIC & LASER CENTRE

NAME: MW	oarak Mohammed	100 March 1997	13463
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XU	4/52	Ma.	

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	Loc:1

## INTER-STAR EYE CLINIC &

Loc: 10th Lanelfi/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 HOU	SE	WO	8K		
ADDRESS:			·			DATE	OF BERTH			
DATE OF TEST		R				PRESCRIPTION GIVEN				
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PLEASETICK	-				Di	EPOSII				
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DISPENSED BY	CHEC	KED BY		RECEIVED	BY	DATE		-	-	

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SYMPTOMS & HISTO	DV.					
SYMPIONS & HISTO	K1			HUBB	PATION IES	
EXTERNAL EXAMIN	IATION OPTH	IALMOSCOPY		FIELD TO	NOMETRY (	COLOUR ETC.
ophthalmoscopy 6/60 ug Cfeyms	SUBJECTIV 6/R 6/L —— (		1.00×18	=6/ [3 =6/ Z	ACCO R Rdg ADD	MMODATION  L  A/12  = N
MUSCLE BALANCE  Auto  R - 8.5  -18		1.75 X			RETEST (	)ATE