

URNAMES (Block Letters)  
OPOKU

FIRST NAMES  
PRINCE

Sex  
MALE

PHONE NUMBER.....0244032089.....

ADDRESS OR RESIDENTIAL.....P. O. BOX 11240 MERIDIAN  
PORT SERVICE.....

OCCUPATION  
MACHINE OPERATOR

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH  
22/07/66

AGE  
50

PLACE OF BIRTH  
ABOMOSU

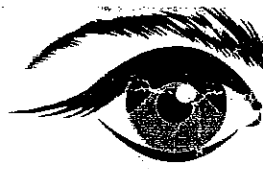
ANY ALLEGIC REACTION  
TO MEDICINE

NATIONALITY  
GHANAIAN

RELIGION  
CHRISTIAN

DATE OF FIRST ATTENDANCE  
23/10/17

NEXT OF KIN MARZUET	ADDRESS OR PHONE No. OF NEXT OF KIN 055291806
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# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Opoku prince

CARD NUMBER: 18564

DATE: 23-10-17

q/c: Blurry vision in BE (RE > LE) 4-5 years  
 photophobic + DM  $\phi$  , HPT  $\phi$  (Surgery  $\phi$ )

V<sub>R</sub>: 6/60 ue 6/12 PH  
 6/60 gr

V<sub>L</sub>: 6/36 ue 6/12 PH  
 6/12 gr

A  
 16 16

MTL

② - hd - ②  
 - Cong - Q  
 clear - cones - clear  
 ↓ BMT ↓ BMT  
 as ALU - ALU  
 RLT - focal - RLT  
 M<sup>+</sup> P<sub>250</sub> - lens - M<sup>+</sup>  
 6/303 - Ruler 6/0.3

Expt RE Cataract P<sub>250</sub>  
 2. Bil Pterygia (inflamed)  
 3. W Ennechne Cataract

11/1

1. Book for ~~the~~ Pteropus Geminus + CE Hcdor
2. FBC, FBS
3. Cult Fmr Neo RSE fed
2. Cult Team Nature RSE fed.

Step

18334



# 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			
23-10-14	Dist											
P.D. 68mm	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES			
	COATING			
	SUNDRIES			
		TOTAL		
		VOUCHER		
		BALANCE		
		DEPOSIT		
		BALANCE		

PLEASE TICK

CASH ☐      CHEQUE ☐      CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
$\frac{6}{60}$ ue $\frac{6}{36}$ ue	6/R + 3.00 DS = 6/18 R 6/L -3.00/-1.50 X 90 = 6/12 L Binoc ADD +2.00 → Near = N		R L Rdg ADD = N
MUSCLE BALANCE		RETEST DATE	
Auto R +0.75/-2.25 X 47 L +1.50/-2.00 X 99.		Small N europ prints	