

SURNAMES (Block Letters)  
ODAME

FIRST NAMES  
SETH

Sex  
M

PHONE NUMBER.....0244 838621.....

ADDRESS OR RESIDENTIAL.....KAWASHIE.....

OCCUPATION  
RETIRED

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH  
3/11/1952

AGE  
65

PLACE OF BIRTH  
OZ/A

ANY ALLEGIC REACTION  
TO MEDICINE

NATIONALITY  
GHANAIAN

RELIGION  
CHRISTIAN

DATE OF FIRST ATTENDANCE  
18-08-17

NEXT OF KIN  
ELIZABETH OPPONGWIAH

ADDRESS OR PHONE No. OF NEXT OF KIN  
0543 507497



# CLINIC & LASER CENTRE

NAME Seth Odame

CARD NUMBER

DATE 18-08-17

bc. Blurred vision in rē for 1/52. also on any drops. Trauma to left eye in childhood.

VR 6/18u, 6/9pt

~ RUC, N5pt

reactive - PRC RAPD+

Subacute - lens - not fixed Extract

4/103 - fulcrum - see red

play

OR Tarsal  
rel  
BE

(b) USG.

25/8/17

Wkt Done. - No RD seen

Cancelled on RFE C/E. Declined of prognosis

- Plc
1. Remove glass
  2. Cont. R. tears
  3. See  $3/12$

17.11.12 Q: For revised - exps finished  $> 1/12$   
No complaint, glasses broken

$V_R: 6/6$  ue

$V_L: HM$  ue

Sam

of E

Print

LL echopia

punchin not applied to globe

brillly machine work

WC - dense quality

10 A 10

up: LE dense contact

LE echopia

Plc - 1. full refresh tears 6/12 - 12/12

2. Dispersed glasses

3. for Dr. Dugbe to review

4. See  $1/12$

DL



# CLINIC & LASER CENTRE

NAME

CARD NUMBER

15. 12. 17

DATE

9. For review. occasional RE upper lid twitches.

V. 12. 6/5gr

V. 12.

BU guide

Typ

12 11

clear - low - mixed  
4/10 3 fume - red Wv

Man

fu 2/12

① Systeme  
4rd

② LE 4/E + 12



# 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				
17/11/12	Dist	+10.75				Plus						
P.D. 67mm	Inter											
	Read	+12.75				+12.75						

HEIGHTS		MONO		BLANK	TECH SIG CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION	GHE	P
FRAME	OWN	-	-
LENSES	plus 8W (RE)	SD	-
COATING	own	-	-
SUNDRIES	white 8W (RE)	SD	-

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	Grand 10000
	VOUCHER	paid 17/11/12
	BALANCE	
	DEPOSIT	
	BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			30/11/12

17789



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NAME: \_\_\_\_\_ TEL HOUSE \_\_\_\_\_ WORK \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DATE OF TEST		R								PRESCRIPTION GIVEN			
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism				
18-8-17		Dist	+1.00	-0.75	90		Plano						
P.D.	Inter	+0.75				Plano	(17.11.17)						
	Read	+2.75				+2.75							

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED	
R	L	R	L				

DISPENSING NOTES	DESCRIPTION	GH¢	P
Another order 29/8/17	FRAME Transparent	50.00	
lens (transparent) 150	LENSES Photo 8%v	100.00	
lens white 150	COATING		
lens 8%v	SUNDRIES		

<p>DBT - 250.00</p> <p>Deposit - 140.00 paid 29/8/17</p> <p>Bal - 110.00 paid 6/9/17</p> <p>PLEASE TICK</p> <p>CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/></p>	<p>TOTAL 449.250.00</p> <p>VOUCHER paid 29/8/17</p> <p>BALANCE 339.250.00</p> <p>DEPOSIT 449.150.00</p> <p>BALANCE paid 29/8/17</p>
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DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			29/8/17

6/9/17

17.11.12

Subjective

76-2 +2.75 DS 6/6

ANQUE L Plane (NT) 4m SYMPTOMS & HISTORY Add +2.75 DS → Reads small newspaper		OCCUPATION HUBBES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY 6/18us Plw.	SUBJECTIVE 6/R +1.00/-0.75 x 90 = 6/9 6/L plane = 6/12 Binoc ADD		ACCOMMODATION R L Rdg ADD 7 = N
MUSCLE BALANCE Auto Add +2.75 DS R +1.25/-0.75 x 106 L 0mm		RETEST DATE	