

NAMES (Block Letters)
MENSAN

FIRST NAMES
KINGSLEY A.

Sex

PHONE NUMBER.....02777 81317

ADDRESS OR RESIDENTIAL.....ASHALEY - BOTWE

OCCUPATION
STITCHER

| MARITAL STATUS | | | |
|----------------|----------|--------|-------|
| MARRIED | DIVORCED | SINGLE | OTHER |
| | | ✓ | |

| | |
|--------------------------|-----------|
| DATE OF BIRTH 2/19/41 | AGE 75 |
|--------------------------|-----------|

PLACE OF BIRTH

ANY ALLERGIC REACTION
TO MEDICINE

NATIONALITY
ANAMAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
13/09/2016

| | |
|--------------------------------|--|
| TEXT OF KIN ABEL OSEI BONSA | ADDRESS OR PHONE No. OF NEXT OF KIN 0242-307827 |
|--------------------------------|--|



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mr. Kingsley A. Mensah

CARD NUMBER: 13394

DATE: 13/09/2016

1/2 Progressive loss of vision in RE for 2/52.

HHT ϕ , DM ϕ , not using any drops on eyes.

VR HM uq, N2 P4.

VR 6/60 uq, 6/12 P4

Blepharitis

MBG

A
16 16

NS 3-4.
CC

lens

NS, CC

NO VIEW

Fundi

MSC ✓
maula ✓

Wp: Bilateral cataracts @ > L

Blepharitis

Plan: At. refresh tears BE Q10
OC. Epiaim BE NOCK
Son @ cataract extraction
pr-Baum

13394



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 13-9-16 | R | | | | | | | | PRESCRIPTION GIVEN | | | |
|--------------------------------|-------|-----|-----|------|-------|-----|-----|------|--------------------|--|--|--|
| | | Sph | Cyl | Axis | Prism | Sph | Cyl | Axis | Prism | | | |
| | Dist | | | | | | | | | | | |
| | Inter | | | | | | | | | | | |
| P.D. 67mm | Read | | | | | | | | | | | |

| HEIGHTS | | MONO | | BLANK | | TECH SIG. CHECKED | |
|---------|---|------|---|-------|--|-------------------|--|
| R | L | R | L | | | | |

| DISPENSING NOTES | DESCRIPTION | | GH¢ | P |
|--|-------------|---------|-----|---|
| | FRAME | | | |
| | LENSES | | | |
| | COATING | | | |
| | SUNDRIES | | | |
| <p>PLEASE TICK</p> <p>CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/></p> | | TOTAL | | |
| | | VOUCHER | | |
| | | BALANCE | | |
| | | DEPOSIT | | |
| | | BALANCE | | |

| DISPENSED BY | CHECKED BY | RECEIVED BY | DATE |
|--------------|------------|-------------|------|
| | | | |

| | | | |
|-------------------------------------|--|-----------------------------|-------------------------------|
| SYMPTOMS & HISTORY | | OCCUPATION HUBBIES | |
| EXTERNAL EXAMINATION OPHTHALMOSCOPY | | FIELD TONOMÉTRY COLOUR ETC. | |
| OPHTHALMOSCOPY | SUBJECTIVE | | ACCOMMODATION |
| Hm L 6/60 ₄₉ | 6/R plano CN L. = 6/Hm 6/L +1.50/-3.00 x 90 = 6/L Bino ADD | | R Rdg ADD 76/2 L = N |
| MUSCLE BALANCE | Add + 3.00 DS R plano Error L +2.50/-4.00 x 95 | | RETEST DATE 55 |