FIRST NAMES SURNAMES (Block Letters) STOVIA MARTEY PHONE NUMBER... ADDRESS OR RESIDENTIAL..... **MARITAL STATUS OCCUPATION** DIVORCED MARRIED SINGLE OTHER



INTER-STAR EYE CLINIC & LASER CENTRE

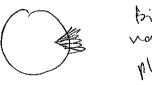
NAME Martey Stones	CARD NUMBER: 18466
NAME:	4
DATE: 6-11-1	

The Occepture pains and tearing in DE for a while NAT M any super. Notice growth in BE for a while. Itching to Burning Senvature to FB senvature to BMP, HOT &

VR: 95 me

VL: 6/9 me NJAM

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SYMPTOMS & HISTO	RY			OCCUPATION HUBBIES	
EXTERNAL EXAMIN	NATION OPTHAL	MOSCOPY	F	TELD TONOMETR	Y COLOUR ETC.
OPHTHALMOSCOPY	SUBJECTIVE		h.	AC	COMMODATION
Your Gara	6 ¹ / R 6 / L ^{- ∞} Bin	Pleno NI		= 6 / G Rdg AI	L DD = N
MUSCLE BALANCE		<i>V</i>	Yes	RETES	T DATE
Aud					
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