

URNAMES (Block Letters)  
BOAKYE

FIRST NAMES  
DWURAKU

Sex  
MALE

PHONE NUMBER. 0203621604/0208294456

ADDRESS OR RESIDENTIAL. KUMASI

OCCUPATION  
STUDENT

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH  
11/96

AGE  
20

PLACE OF BIRTH  
Kumasi

ANY ALLEGIC REACTION  
TO MEDICINE  
NONE

NATIONALITY  
GHANAIAN

RELIGION  
CHRISTIAN

DATE OF FIRST ATTENDANCE  
02/11/16

NEXT OF KIN SAMPSON BOAKYE	ADDRESS OR PHONE No. OF NEXT OF KIN 0208294456
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## INTERSTAR EYE CLINIC & LASER CENTRE

NAME: Owuraku Boakye

CARD NUMBER: 14029

DATE: 2/11/2016

c/c Blurred vision in BE for yrs.  
Asthma  $\phi$ , scd  $\phi$ .

VR Glizur, N.I.PH

VL Glizur, N.I.PH

$\phi$  - blurred vision - yrs

Difficult reading from the blackboard  
when sitting behind the class and also  
when in front. Noticed this since JSS 1, now  
in SITS3. Reported to parents but nothing  
done - "blurrier", "floaters", "ocular pain & tearing"  
pathn - Trauma, Spectacles, Surgery  
pm hst - Nil of note

o/e

normal - eyelid - normal  
clear - conj - clear  
clear - cornea - clear  
dlt - AC - dlt

A R/R - pupil - R/R  
transparent - lens - transparent  
clear - vitreous - clear  
normal fundus  
normal fundus  
normal fundus

D ? Amblyopia

plan  
Patient and mother counselled  
See pm.

Re



# 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 2-11-16	R PRESCRIPTION GIVEN								
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
P.D. 63mm	Dist								
	Inter								
	Read								

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	GH¢	P
	LENSES		
	COATING		
	SUNDRIES		

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	
	VOUCHER	
	BALANCE	
	DEPOSIT	
	BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
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SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/12m 6/12n	6/R <i>NI</i> 6/L <i>NI</i> Binoc ADD	= 6/12 R = 6/12 L	R L Rdg ADD <i>7 6/12</i> = N
MUSCLE BALANCE			RETEST DATE
<i>Auto</i> R -3.75/-3.75 X132 L -2.75/-2.00 X21.			