

NAMES (Block Letters)
Mfargo

FIRST NAMES
Joseph

Sex
M

ONE NUMBER 0242128931

DRESS OR RESIDENTIAL P.O. Box 631, Nsawam

OCCUPATION
Business Man

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

DATE OF BIRTH
06/1966

AGE
50 yrs.

PLACE OF BIRTH
Bikoso

ANY ALLEGIC REACTION
TO MEDICINE
Nil

NATIONALITY
Ghanaian

RELIGION
Christian

DATE OF FIRST ATTENDANCE

| NEXT OF KIN | ADDRESS OR PHONE No. OF NEXT OF KIN |
|-------------|-------------------------------------|
| Mrs. Mfargo | P.O. Box 631, Nsawam |



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mr. Joseph Mearfo

CARD NUMBER: 13495

DATE: 22/09/2016

C/c occasional pain and photophobia in BE.

Asthma⁺, sed⁺, HPT⁺, DM⁺.

VR 6/6_{ua}

VR 6/5_{ua}

Bilateral ptosis

A
16 16

✓ IMA ✓

Plan: AH - Nercanac BE TID

at - Tears N - BE QID

See 1/2

Dr. Brans



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 | | | |
| 22-9-16 | Dist | Plan | -0.50 | 180 | | Plan | | | | | | |
| P.D. 65MM 6MM | Inter | | | | | | | | | | | |
| | Read | +2.25 | | | | +2.25 | | | | | | |

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

| DISPENSING NOTES | DESCRIPTION | | GH¢ | P |
|---|-------------|-------------|------|---|
| | FRAME | | | |
| | 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 | |

| | | | |
|--|--|-----------------------------|-----------------------|
| SYMPTOMS & HISTORY | | OCCUPATION HUBBIES | |
| EXTERNAL EXAMINATION OPHTHALMOSCOPY | | FIELD TONOMÉTRY COLOUR ETC. | |
| OPHTHALMOSCOPY | SUBJECTIVE | | ACCOMMODATION |
| 6/6us 6/5us | 6/R $\text{Plano} / -0.50 \times 180$ = 6/5 R 6/L Plano = 6/5 Binoc ADD | | Rdg ADD $76/5$ = N |
| MUSCLE BALANCE | | | RETEST DATE |
| <u>Auto</u> Addt R +1.00 / -0.25 x 169 L +1.00 / -0.50 x 46. | | | |