

URNAMES (Block Letters)
BRATHAMS

FIRST NAMES
GABRIELLA

Sex
FEMALE

PHONE NUMBER 0243762000

ADDRESS OR RESIDENTIAL NO 12 PURSE AVE, MPINFIM TAKORADI
P.O. BOX 6072, TAKORADI

OCCUPATION
ELECTRICIAN

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH 16/1/1977
AGE 39

PLACE OF BIRTH
TAKORADI

ANY ALLERGIC REACTION
TO MEDICINE

NATIONALITY
GHANESE

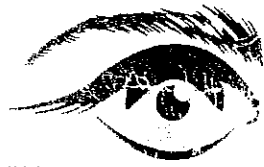
RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
11/11/2016

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
SWIER ABRAHAMS	0244215139 OR 0244594395

1 Report 11/11/16
ent - 16/11/16

FBS:- 8.6 mmol/L.
(a month ago).



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Abrahams Gabriella

CARD NUMBER: 14153

DATE: 11/11/16

c/c:- Can see clearly at far but cannot read small prints at near.

pains, itch, burning sensation, redness, discharges-

Asthma, diabetes⁺, hptn, Sickle Cell-
On medication for diabetes

V_R 6/6₂₄

V_L 4/6

BU quite

White Cell - normal reflex

glaucoma - 4/103

SC 3/10

plac
0684

M
1413

24-2-17 c. Review.

VR 6/5/7

VR 6/5/7

BU quite

4/10 3. fides - Ed 03

IV
—
12 13

Also
① 0 5/8/7

fu 4/12



INTER-STAR EYE CLINIC & LASER CENTRE

Date: 14th NOVEMBER, 2016

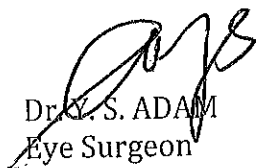
MEDICAL REPORT

RE: GABRIELLA ABRAHAMS AGE: 39yrs

The above named patient reported to our outfit on 11th November 2016, complaining of difficulty reading small print. She is a known diabetic. On examination, VR: 6/6 and VL: 6/6 unaided. Anterior segment findings showed OD: normal OS: conjunctival nevus.

Intraocular pressure (IOP) was OD: 14 mmHg and OS: 13 mmHg. Fundus findings showed CD ratio of OD: 0.30 and OS: 0.30. She was prescribed spectacles and scheduled for a review in 3 months' time.

IMPRESSION: Presbyopia


Dr. W. S. ADAM
Eye Surgeon

1415 3



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: Abrahams Gabriella TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R				PRESCRIPTION GIVEN				
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
11-11-16	Dist	PL	-0.25	60		PL	-0.25	120	
P.D. 70mm	Inter								
	Read	+1.00				+1.00			

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME <u>full rim purple Suprima 1</u>		180.00	
	LENSES <u>photo AR b/f</u>		270.00	
	COATING			
	SUNDRIES			

			TOTAL	<u>GH¢ 450.00</u>
			VOUCHER	<u>paid 23/12/16</u>
			BALANCE	
			DEPOSIT	
			BALANCE	

PLEASE TICK

CASH ☐

CHEQUE ☐

CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			4/1/17

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
R $\frac{6}{6}$ L $\frac{6}{6}$	6/R PL $-0.25 \times 60 = 6/6$ 6/L PL $-0.25 \times 120 = 6/6$ Bino ADD		R L Rg ADD $\frac{6}{6} = N$
MUSCLE BALANCE		ADD +1.00 DS	RETEST DATE
Auto R: Plano -0.25×64 L: Plano -0.50×118			