

SURNAMES (Block Letters)

SACEY

FIRST NAMES

LAWRENCIA

Sex

FEMALE

PHONE NUMBER.....0243412275

ADDRESS OR RESIDENTIAL.....COMMUNITY 25, TEMA

OCCUPATION

STUDENT

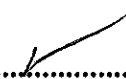
MARITAL STATUS

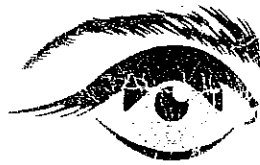
MARRIED

DIVORCED

SINGLE

OTHER





INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Ms. Laurencea Sackey

CARD NUMBER: 13332

DATE: 7/09/2016

c/c Restricted temporal movement of right eye since birth.

Experiencing Headaches for >1yr.

Diplopia^Ø, Occasional tearing, Not using medication.

Asthma^Ø, SCD^Ø

VR 6/5uq,

VL 6/5uq,

I.O.P : R=L: 16 mm.Hg -

R

L

conjunct. Yellowish discharge

cornea: clear.

all the other parts are normal

she has no ability to look lateral in RE ~~from~~

~~not~~ D: conjunctivitis.

Man. Flu-Neo QID 1/52.

no need to return.

~~_____~~



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			
7-9-16	Dist											
P.D. 60mm	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	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	

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/5 _u	6/R	Plano = 6/5	R
6/5 _u	6/L	Plano = 6/5	L
		Binoc ADD	Rdg ADD 76/5
			= N
MUSCLE BALANCE			RETEST DATE
<u>Auto</u> R +0.25/-0.25 X 26 L +0.25/-0.25 X 102			