

URNAMES (Block Letters)
Kpegah Tamakloe

FIRST NAMES
Mavis

Sex
Female

PHONE NUMBER.....0504567879 /

ADDRESS OR RESIDENTIAL.....Sakumono Estate RG 51

OCCUPATION
Hair Dresser

MARITAL STATUS			
MARRIED ✓	DIVORCED	SINGLE	OTHER
.....

DATE OF BIRTH
July 1981

AGE
35

PLACE OF BIRTH
Kumasi

ANY ALLERGIC REACTION
TO MEDICINE
No

NATIONALITY
Ghanaian

RELIGION
Christian

DATE OF FIRST ATTENDANCE
19-September 2016

NEXT OF KIN Stephen Kpegah	ADDRESS OR PHONE No. OF NEXT OF KIN 0508826351
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INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mrs. Maria Kpegah Tamakloe

CARD NUMBER: 13461

DATE: 19/09/2016

e/c occasional itching in BE.

Asthma⁺, scd⁺, HPT⁺, DM⁺.

NR 6/12/09, 6/9-PT

NR 6/12/09, 6/9PH.

Bl can pay for

1/10/03 — fulus — 1/10/03

POP
~
6/14

Ala.
① Reluctant of BE

su 6/5

② Flare up of BE



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: interstareyeclinik@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			
19-9-16	Dist	Plaw	-0.75	90		Plaw	+1.00	90				
R.D. 60mm	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG.
R	L	R	L		CHECKED

DISPENSING NOTES	DESCRIPTION	GH¢	IP
	FRAME	051115	600.00
	LENSES	Photo A12 SLV	160.00
	COATING		
	SUNDRIES		

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	600.00
	VOUCHER	23/9/16
	BALANCE	460.00 paid
	DEPOSIT	300.00 paid
	BALANCE	19/9/16

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			23/9/16

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/12 _{us} 8/12 _{us}	6/R plano - 0.75 x 90 = 6/9 6/L plano - 1.00 x 90 = 6/9 Binoc ADD		R Rdg ADD L 76/9 = N
MUSCLE BALANCE			RETEST DATE
Auto R plano - 1.00 x 85 L +0.25 - 1.50 x 98			