

URNAMES (Block Letters)
AMOAH

FIRST NAMES
RITA

Sex
F

PHONE NUMBER.....026 2010416

ADDRESS OR RESIDENTIAL.....CAPE COAST

OCCUPATION
BEAUTICIAN

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH	AGE
05/60	56 YRS

PLACE OF BIRTH

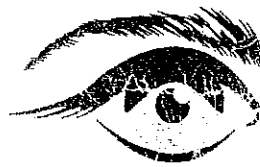
ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
ANAMAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
7/09/2016

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
ETV TURKSON	0249 403281 CAPE COAST



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Md. Rita Amoah

CARD NUMBER: 13333

DATE: 7/09/2016

% Occasional itching and burning sensation
in BB for a while.

Asthma^o, Sed^o, HPT^o, Dm^o, glasses⁺ (1yr).

Family history of blindness (mother).

VR 6/36 ug, 6/9 gl
6/9 pt

R 6/36 ug², 6/9 gl
6/9 pt

R

L

Conjunct.

Pinguecula + seb. discharge - infected

corne.

clear.

I.O.P.

12 mm.Hg

Main Refresh tears

did

for good -

Flu-Neo

did

1/52

warm compress

review. if she has any comp -

see 2/52
VA + DBE.

15-10-16 of Review.

VR 6/9 d

n 6/691

Bul Play grs

pop
✓
12 12

4/503 - follow 4/503

plan

⊖ between Tiers
and
150

gr 2/12



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			
7-9-16	Dist	+3.50				+4.00						
P.D. 63mm	Inter											
	Read	+2.50				+2.50						

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED
R	L	R	L			
24	24					

DISPENSING NOTES	DESCRIPTION	GH¢	P
	full rim blue FRAME	Suprimo	180.00
	LENSES	Photo progressive	550.00
	COATING		
	SUNDRIES		

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL		BALANCE
	150.00 paid 15/10/16		
	VOUCHER		
	BALANCE		
	DEPOSIT		
	BALANCE		

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			15/10/16

SYMPTOMS & HISTORY		OCCUPATION HOBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMÉTRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
<i>6/9 R</i> <i>6/9 L</i>	6/R $+3.50 DS$ = 6/4 6/L $+4.00 DS$ = 6/6 Binoc ADD		R Rdg ADD $7 \frac{1}{6}$ = NS
MUSCLE BALANCE	<i>Add +2.50 DS</i> <i>Auto</i> <i>R +4.25/-1.00 x 83</i> <i>L +5.25/-1.25 x 88</i>		RETEST DATE <i>82</i>