

SURNAMES (Block Letters)

ABUL RAHMAN SANJO

FIRST NAMES

HAFIZ

Sex

MALE

PHONE NUMBER.....

0260992110 / 0264999996 / 0264999994 / 0244286984 /
0244407741

ADDRESS OR RESIDENTIAL.....

P.O. Box CI 8990 CANTONMENTS ACCRA

OCCUPATION

STUDENT

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Hafiz Abdul Rahman Saudo

CARD NUMBER: 13370

DATE: 09-09-16

9c Burning sensation in BE for 10/12. Tearing,
Itching⁺

Asthma⁺, scd⁺

VR b/sma

VR d/sma

R

L

~~cornea~~ conj.

injected. very discharge

cornea

clear

all over clear and N

I.O.P

12 mm

plan. ~~Atropin~~ Flu-reo

did

1/52

review:

no need

c/d of - fucus - c/d of

Mac

su 4/5

✓ 1/0 5

⊕ Flu-reo qid

⊕ 1st dose bid

08-10-16

Review

pains in the left eye upon turning
the head and difficulty walking in the
sun.

VR 6/6 ua,

VL 6/6 ua

BI any pap etc

IOP

14 13

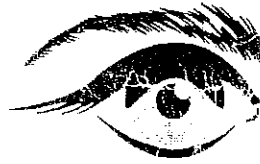
407 - fulcr - 407

plan

① 4m - ~~red~~
2d
BG

sun 4/2

② ptase
6d =
BG



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 08/05/17 .

RR 6/6

RL 6/6

Cc: Photophobia, pains and being for a while.

g
k

② - lid - ②

Subconjunctival
papillae

- Conj - Subconjunctival
papillae

clear

- Cornea - clear

OK

- IOL - OK

OK

- pupil - OK

% 0.2

- fundus -

% 0.2

A
18 18

1. Cutt Patient SE lid
2. Cutt Full-Me RE lid
3. See 6/12

g
C



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: interstareyecclinic@gmail.com Tel: 0302-783832 / 027-7755354

NAME: Habiz Abdul Rahman

TEL HOUSE _____

WORK _____

ADDRESS: _____

DATE OF BIRTH _____

DATE OF TEST

8-10-2016

R

PRESCRIPTION GIVEN

Sph

Cyl

Axis

Prism

Sph

Cyl

Axis

Prism

Dist

+0.50

+0.50

P.D.

65mm.

Inter

Read

HEIGHTS

R

L

MONO

R

L

BLANK

TECH SIG.
CHECKED

DISPENSING NOTES

DESCRIPTION

GH¢

P

Another order
8-5-17

FRAME

Translucent
Tm 22 3 52 14 0 86 13-3

120.00

LENSES

A/R 8/12

80.00

COATING

SUNDRIES

Frames : Supreme 250

Lens : A/R 8/12 - 90.00

Total - GH¢ 340.00

Deposit - GH¢ 260.00 paid 8/5/17
Bal - 80.00 paid 15/5/17

TOTAL

Gnd 200.00

VOUCHER

paid full

BALANCE

18/10/16

DEPOSIT

BALANCE

PLEASE TICK

CASH

☐

CHEQUE

☐

CREDIT CARD

☐

DISPENSED BY

CHECKED BY

RECEIVED BY

DATE

10-10-16

15-5-17

+1 Blur Test
 V_R 6/6, 6/6.

SYMPTOMS & HISTORY		OCCUPATION HOBBIES	
EXTERNAL EXAMINATION		OPHTHALMOSCOPY	
FIELD TONOMETRY COLOUR ETC.		<p>Final.</p> <p>OD : +0.50 DS</p> <p>OS : +0.50 DS</p> <p>> 6/6.</p>	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
V _R 6/6	<p>6/R +0.50/-0.50 x 180 = 6/6</p> <p>6/L +0.50 DS = 6/6</p> <p>Binc ADD</p>		<p>R L</p> <p>Rdg ADD = N</p>
MUSCLE BALANCE		RETEST DATE	