

URNAMES (Block Letters)
WOOD

FIRST NAMES
CECILIA

Sex
F

PHONE NUMBER.....0244 506710

ADDRESS OR RESIDENTIAL.....ANANOMAN - RU8800A

OCCUPATION
TRADER

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH	AGE
5/57	59 (YRS)

PLACE OF BIRTH
ANOMABO

ANY ALLEGIC REACTION
TO MEDICINE
—

NATIONALITY
ANANIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
20/09/2016

NEXT OF KIN R. AMONOO	ADDRESS OR PHONE No. OF NEXT OF KIN 0244 585561
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INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Md. Cecilia Wood

CARD NUMBER: 13467

DATE: 20/09/2016

c/c severe pain and itching in BE for 1/52.
Redness⁺, tearing⁺ on chloramphenicol.

DM⁺, HPT⁺

VR 6/9m

VR 6/36m, 6/36pt

injected + oedema

clm

deep response

normal

reactive

clear

C/D 3/10

Plan: 0 Exocin tid 1/52

Review: 1/12

Refraction + DBE.

conjunctiva

cornea

A.c

Iris

pupil

lens

Fundus

injected. oedema
greyish discharge

clm

deep + eq.ing

normal

reactive

clear

C/D 3/10

S.O.D

A

16 16

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE 6 / R = 6 / 6 / L = 6 / Binoc ADD		ACCOMMODATION R L Rdg ADD = N
MUSCLE BALANCE		RETEST DATE	
Auto <u>R</u> Plano / -0.25 x 68 L +0.25 / -0.25 x 135			