

URNAMES (Block Letters)
ABBAAH

FIRST NAMES
DEBORAH

Sex
F

ONE NUMBER 0570461773 / 0543913635

DRESS OR RESIDENTIAL ABURI

CUPATION
STUDENT

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH	AGE
AUGUST 1995	21

PLACE OF BIRTH
ABURI

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
TANZANIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
8TH SEPTEMBER 2016

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
ABBAAH BENJAMIN O	0242112830



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Ms. Deborah Sablah

CARD NUMBER: 13341

DATE: 8/09/2016

1/2 Blurred vision in 30 when not wearing glasses. occasional photophobia and headaches.

Asthma⁺, SCD⁺

VR 6/6u, 6/6u

VR 6/6u, 6/6u
6/6u

papillae

fundus

Wt: allergic conjunctivitis

see 1/2 plan: at. naphcon A BE TIOX 1/2

Dr. Romanas

7-10-16.

%: Review

itch and burning sensation in both eyes.
started abt a week ago. frequent swollen
eyelids in both eyes with sticky discharges in
the morning.

V_R. 6/6 gl, 6/6 ua

V_L 6/6 gl, 6/6 ua.

BU Cdy 11/12

NAD fulus - NAD

11/12

Plan

(1) Relentat

bed

BE

(2) Flu - 1000

and

BE

8/11/52



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			
8-9-16	Dist	Plen				Plen	-0.50	90				
P.D. 67mm	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES			
	COATING			
	SUNDRIES			
		TOTAL		
	VOUCHER			
	BALANCE			
	DEPOSIT			
	BALANCE			

PLEASE TICK
CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
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own Rt
R Plano

L - 0.50 / - 0.50 X 90.

SYMPTOMS & HISTORY

OCCUPATION
HOBBIES

EXTERNAL EXAMINATION OPHTHALMOSCOPY

FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY

SUBJECTIVE

ACCOMMODATION

6/6g
6/9g

6/R

Plano

= 6/6

6/L

Plano / - 0.50 X 90.

= 6/6

Binoc ADD

R

L

Rdg ADD

76/6
= N

MUSCLE BALANCE

RETEST DATE

Auto

R - 1.50 / - 0.50 X 53

L - 0.75 / - 0.50 X 107.