

SURNAMES (Block Letters)

ASIAMA H

FIRST NAMES

JUDITH BOAHENMAA

Sex

F

PHONE NUMBER 0244633534

ADDRESS OR RESIDENTIAL FLAT A MAAMOBİ PRISON COMPLEX

OCCUPATION

STUDENT

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

DATE OF BIRTH

16-06-2000

AGE

17 YRS

PLACE OF BIRTH

ACCRA

ANY ALLERGIC REACTION
TO MEDICINE

NATIONALITY

HANAIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

30-08-2017

NEXT OF KIN

MR K. ASIAMA H

ADDRESS OR PHONE No. OF NEXT OF KIN

PRISON HEADQUARTERS - CANTONMENT ACCRA



INTERNATIONAL EYE CLINIC & LASER CENTRE

NAME Judith Boahemaa

CARD NUMBER 17929

DATE 30/08/17

Ch: Blurry vision at far; for 3 years

OD: increased pain and itching in BE
Spas+ (broken), SLO 4, Asthma 4

UR: 403m ue 6/12pt

VR: 404m ue 6/18pt

① - lid - ②

Subtarsal papillae - Conj - Subtarsal papillae

Dec - Conj - Dec

Dec - Dec - Dec

Ant - Conj - Ant

Dec - Conj - Dec

Conj - Conj - 60.4

A
" "

Ep: Refractive Error - High Myopia
2. Slight Conjunctivitis

1. Preside glaucoma
2. Get Patient HE led
3. See 3/12

fy



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 Köfi. E-mail: Interstareyeclinic@gmail.com Tel: 0302-783832 / 027-7755354

NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R							
	PRESCRIPTION GIVEN							
38-08-17		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis
	Dist	-4.75	-1.00	180		-4.50	-1.00	180
P.D. 64mm	Inter							
	Read							

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED
R	L	R	L			

DISPENSING NOTES

FRAME

LENSES

COATING

SUNDRIES

DESCRIPTION

full frame yellow & black
GH¢ P

Lazaro

300 shc

photo slr

320 shc

TOTAL

VOUCHER

BALANCE

DEPOSIT

BALANCE

620 shc

paid 30/8/17

PLEASE TICK

CASH ☐

CHEQUE ☐

CREDIT CARD ☐

DISPENSED BY

CHECKED BY

RECEIVED BY

DATE

5/9/17

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION	
CF @ 3m ue	6/R - 4.75/-1.00 x 180 = 6/6	R	L
CF @ 4m ue	6/L - 4.50/-1.00 x 180 = 6/6	Rdg ADD	
	Binoc ADD		= N
MUSCLE BALANCE		RETEST DATE	
<u>Auto</u> R - 5.50/-1.50 x 3 L - 5.25/-1.50 x 8			