

SURNAMES (Block Letters)

AGYARE

FIRST NAMES

SARAH

Sex

F

PHONE NUMBER.....

027747723

ADDRESS OR RESIDENTIAL.....

ACCRA

OCCUPATION

BUSINESS

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓



CLINIC & LASER CENTRE

PATIENT NAME Sarah Agyare

CARD NUMBER 17928

DATE 29/8/17

CH: Blurry vision at far in BE for about 2 years.

OP: Pain ϕ , itching ϕ , redness ϕ , trauma ϕ , specs ϕ
DM ϕ , HPT ϕ - not on any drops

VR: 6/18ur 6/5pt

VR: 6/24ur, 6/5pt

BU Hanyga

IJA
14 14

1/635 - Jules - 1/635

plan

(1) R 12 years
2nd
BE

8u 6/52

14/10/17 Review
do consult
V_R: 6/6 gl

V_L: 6/6 gl

2E

Neural - led - normal

Just H/S - acute



Lent
phlegm

12P



16 16

R/R - Pupils - R/R

PC

all Re fresh Team BE SED
See for R/R

Shy



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			
	Dist	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism			
29-8-17		+1.75				+2.00						
P.D. 59mm	Inter											
	Read	+1.75				+1.75						

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED
R	L	R	L			

DISPENSING NOTES	DESCRIPTION	GHC	P
	FRAME <i>full rim wire</i> <i>Suprimo</i>	200	
	LENSES <i>uv 5lf</i>	130	
	COATING		
	SUNDRIES		

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	GH 330
	VOUCHER	paid 29/8/17
	BALANCE	
	DEPOSIT	
BALANCE		

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			18/9/17

SYMPTOMS & HISTORY

OCCUPATION
HUBBIES

EXTERNAL EXAMINATION OPHTHALMOSCOPY

FIELD TONOMETRY COLOUR ETC

OPHTHALMOSCOPY

SUBJECTIVE

ACCOMMODATION

6/18 u.s.

6/R

+1.75 DS

= 6/5

R

6/24 u.s.

6/L

+2.00 DS

= 6/5

Rdg ADD

7 DS
= N

Binoc ADD

MUSCLE BALANCE

Auto

Add +1.75 DS

RETEST DATE 5-2-72

R +2.25 / -1.00 x 113

L +2.25 / -0.25 x 66