

URNAMES (Block Letters)
MEUSAH

FIRST NAMES
EMMANUEL - IVAN

Sex
MALE

PHONE NUMBER..... 020-5711 482

ADDRESS OR RESIDENTIAL..... HSENO 4 ABESE LOOP, ADEOJA ACCRA

OCCUPATION
STUDENT

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH /04/1992	AGE 24
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PLACE OF BIRTH
ACCRA

ANY ALLEGIC REACTION
TO MEDICINE
NO

NATIONALITY
NIGERIAN

RELIGION
CHRISTIANITY

DATE OF FIRST ATTENDANCE
9 / SEPT / 2016

NEXT OF KIN MRS MEUSAH	ADDRESS OR PHONE No. OF NEXT OF KIN 0263427561 / 0244464324
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INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mr. Emmanuel-Ivan Mensah

CARD NUMBER: 13367

DATE: 9/9/2016

C/c Thickropy discharge in BB for 7/yr. occurs about 5x daily. Discharge is yellow and thick enough to pull out of eye. Itching⁺, redness⁺, burning sensation⁺.

On Tetracycline ointment nocte.

Asthma⁺, sed⁺.

glasses⁺ (3/12).

VR 6/9ua, 6/5ql

VR 6/9ua, 6/5ql

I.O.P \angle 14 mm Hg

Bl Can NP X

cong.

infected + inflammatory discharge in BB

cornea

c tear

all parts are clear and normal.

start Neo-Flu

Q117

1152

vision

1/32

4/103

fulus - 4/103

Ju 2/52

Plan
① Relistat bed
② Flarex rel
BT

23-9-16 Review. Stopped Flarex

UR 6/59

VR 6/59.

BU Any PCP DX

Ju 6/52

Plan
① T bed
BT

13367



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 <i>9-9-16</i>	R PRESCRIPTION GIVEN								
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
P.D.	Dist								
	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

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/5q/	6/R -0.50/-0.50 x 90 = 6/5		R
6/5q/	6/L -0.50 DS = 6/5		L
	Binoc ADD		Rdg ADD 7/6/5 = N
MUSCLE BALANCE			RETEST DATE
<u>Auto</u> R -0.75/-0.75 x 87 L -0.50/-0.75 x 72			