

SURNAMES (Block Letters)

ADJEI

FIRST NAMES

SAMUEL Kwetey

Sex

M

PHONE NUMBER.....

0243 814 713

ADDRESS OR RESIDENTIAL.....

NSAANKA

OCCUPATION

BUSINESS

MARITAL STATUS

MARRIED

✓

DIVORCED

SINGLE

OTHER

DATE OF BIRTH

07/81

AGE

35

PLACE OF BIRTH

SABIYE BANDA

ANY ALLEGIC REACTION
TO MEDICINE

NO

NATIONALITY

HANAIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

18/8/12

NEXT OF KIN

LINDA

ADDRESS OR PHONE No. OF NEXT OF KIN

0246695516



INTERNATIONAL EYE CLINIC & LASER CENTRE

NAME: Adjier Samuel K
DATE: 18/2/88

CARD NUMBER: 17788

CH: Cloudy vision in RE for 6 years even after
Cataract Surgery in RE 3 years ago.

OD: Pain⁺, Itching⁺, redness⁺ (RE - occasionally).
Trauma⁺ (mortar in RE - about 8 yrs ago), DM⁺, HPT⁺

VA: CF @ 1m ue NI PA

VL: 6/6 ue

(R) Graft

(R) AC - graft
PCDL, PCO (thick)

IMP
L

14 12

POV
view

fulas - d/o 3

Rey

(R) RE YAG post
Cataractomy

Su 4/52

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION	
CF 0.5m ue 6/10 ue	6/R Plano (NI) = 6/1 6/L Plano 7 - 0.50 X 180 = 6/6 Binoc ADD	R L Rdg ADD = N	
MUSCLE BALANCE		RETEST DATE	
Auto R Error L +1.00/-0.75 X 0			