

SURNAMES (Block Letters)  
YEROAH

FIRST NAMES  
JOSEPH

Sex  
M

PHONE NUMBER..... 050 4059922

ADDRESS OR RESIDENTIAL..... KANDA 441

OCCUPATION  
PLUMBER

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
	✓		

DATE OF BIRTH  
17/49

AGE  
67yrs.

PLACE OF BIRTH  
AMANTOSO

ANY ALLERGIC REACTION  
TO MEDICINE

NATIONALITY  
HAWAIIAN

RELIGION  
CHRISTIAN

DATE OF FIRST ATTENDANCE  
10/11/2016

NEXT OF KIN DAVID STONE	ADDRESS OR PHONE No. OF NEXT OF KIN 0243332301 SAKUMONO
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# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mr. Joseph Yeloch

CARD NUMBER: 14148

DATE: 10/11/2016

e/c: - Cannot see properly in both eyes. Sees shadows in the left eye; started over a year ago.

pains, itch, burning sensation, tearing

Asthma, diabetes, hptn+, Sickle Cell-

U<sub>R</sub> 6/18<sup>-2</sup> ua, 6/11<sup>1</sup> pit

V<sub>L</sub> Am ua, N.T pH  
① psc.

glaucoma ① > ②

fundus no view

CUU=0.8  
old cmo  
→ stenosis of arteries  
confluent masses? vitreous haemorrhage  
humors in macula

W: ① old cmo c ave / por

② OU. cataract

③ V/H 70 por / cmo

Plan: ① seeds ② PRP ③ OCT  
④ B/S cam ⑤ eye  
OCT - nose / macula



# 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: Mr. Joseph Yeboah TEL HOUSE \_\_\_\_\_ WORK \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF TEST	R								PRESCRIPTION GIVEN			
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism			
10-11-2016	Dist	+1.75	-2.00	90		BAL	-	-				
P.D. 65mm	Inter											
	Read	+3.00										
HEIGHTS		MONO		BLANK		TECH SIG. CHECKED						
R	L	R	L									
DISPENSING NOTES		FRAME				DESCRIPTION				GH¢	P	
		LENSES										
		COATING										
		SUNDRIES										
PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>						TOTAL						
						VOUCHER						
						BALANCE						
						DEPOSIT						
						BALANCE						
DISPENSED BY		CHECKED BY		RECEIVED BY		DATE						

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
VR 6/-2 6/+1 18ua, 18 1 VL HMu, N -6/L 184	+1.75 -2.00 x 90 = 6/9 N.I Binoc ADD		R Rdg ADD 7 6/-1 9 = N
MUSCLE BALANCE	ADD +3.00DS JS		RETEST DATE
Auto R : +1.50 -2.00 x 93 L : Error			