RNAMES (Block Letters)	FIRST NAMES Sex
JUTSUMWAA	SABINA TEMARE
IONE NUMBER 0244	43 88 22
DDRESS OR RESIDENTIAL.	SOXIUTUON
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CCUPATION	MARRIED DIVORCED SINGLE OTHER
RADER	
reofbirth age 08/1978 38	PLACE OF BIRTH  ANY ALLEGIC REACTION TO MEDICINE  ACCRA  NO
ATIONALITY  ANAIM CT	RELIGION  DATE OF FIRST ATTENDANCE  RESTIAN  307H MAR(H 2017
NEXT OF KIN HRY MINKAH	ADDRESS OR PHONE No. OF NEXT OF KIN

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## INTERESTARTE CENTRE & LASER CENTRE

NAME: S	ABINDA ADUTSUMWAA CARD NUMBER: 16005
DATE:	30/3/17
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EXTERNAL EXAMINATION OPTHALMOSCOPY FIELD TONOMETRY COLOUR ETC.					
OPHTHALMOSCOPY Elbus	SUBJECTIVE  6/R PLANT-0 9  6/L + 1 - 80   6 - 7  Binoc ADB	X122 15X 40	:61 :61	ACCOMMODATION  R L Rdg ADD = N	
MUSCLE BALANCE  Auto  R 40  H H	Addt 21-0-50x12 001-1-25;	1.25	P	RETEST DATE	
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