

URNAMES (Block Letters)
WINI SALIFU

FIRST NAMES
NUWIERA

Sex
F

PHONE NUMBER 0547048550

ADDRESS OR RESIDENTIAL 17 TEKURA ST ADENTA

OCCUPATION
BLOGGERS

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH 1/05/92

AGE

24

PLACE OF BIRTH
ACCRA

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
GHANESE

RELIGION
MUSLIM

DATE OF FIRST ATTENDANCE
08/09/2016

NEXT OF KIN ANNA SALIFU	ADDRESS OR PHONE No. OF NEXT OF KIN 0244648830
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INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Nywiera Awini Salifu

CARD NUMBER: 13349

DATE: 8/9/16

C/O: Swollen left lower eyelid for 5/7. Redness⁺
discharge⁺, tearing⁺, using an eyedrop tid BB.
Asthma⁺, scd⁺. glasses⁺ (2 yrs).

UR 4/9/16, 6/5/16 n. 6/5/16, 6/6/16

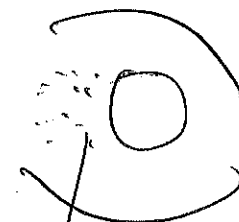
✓ Lid ✓

✓ Conjunctiva

✓ Cornea ✓

✓ A/C ✓

✓ joint ✓



Injected (Episcleritis)
no tenderness

A
16 14

cm=0.4 fmbi cm=0.4

Wp: (L) ? Episcleritis

Plan: alt. Nevanac LETID

See 7/5

Dr. Brantley

23-9-16 of Review.

VR E/que

VR E/que

BU quite

Plan
⊗ CT ball
LE

su 2/12

30.05.18 2: Feels dryness in BE to occasional redness.
NA on drops.

VR: 6/6 we

VR: 6/5 w

See

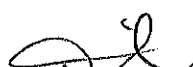
o/e

Quiet

Use TBUT

After meal

0.5 cor 0.5

1. quiet the fresh tears bluey - but
2. Discharge glasses
3. See 4/52 

13749



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: interstareyec clinic@gmail.com Tel: 0302-783832 / 027-7755354

NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R								PRESCRIPTION GIVEN			
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism			
23-9-16	Dist	plow	-0.50	90		plow						
P.D. 65mm	Inter											
	Read											

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED	
R	L	R	L				

DISPENSING NOTES	DESCRIPTION	
	FRAME	Fullrim VPS 024 53 18 488-101 135 GH Brown. Prada Sports 1200.00
	LENSES	Air sty 90.00
	COATING	
	SUNDRIES	

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	Att# 1290.00
	VOUCHER	pat 5/6/18
	BALANCE	690.00
	DEPOSIT	600.00
	BALANCE	pat 30/5/18

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			5/6/18

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
<p>Plane</p> <p>6/5_u</p>	<p>6/R Plane -0.50 x 90 = 6/5</p> <p>6/L Plane = 6/5</p> <p>Binoc ADD</p>		<p>R</p> <p>Rdg ADD 7 6/5</p> <p>= N</p>
MUSCLE BALANCE			RETEST DATE
<p>Auto</p> <p>R -0.25/-0.25 x 95</p> <p>L +0.25/-0.75 x 62</p>			