

URNAMES (Block Letters)
TENSAN

FIRST NAMES
JOYCELYN

Sex
FEMALE

ONE NUMBER... 054687555

DRESS OR RESIDENTIAL... KUMASI TANOSO

CUPATION
BEAUTICIAN

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		<input checked="" type="checkbox"/>	

DATE OF BIRTH
02/1992

AGE
24

PLACE OF BIRTH
KOMFO ANOKYE. KSI

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
GHANIAN

RELIGION
ASHTANTE

DATE OF FIRST ATTENDANCE
22/09/2016

NEXT OF KIN
ELVIN OPPONG

ADDRESS OR PHONE No. OF NEXT OF KIN
0267099790



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Md. Joycelyn Mensah

CARD NUMBER: 13481

DATE: 22-09-16

c/c tearing in R.E. for a while. Diagnosed
of punctal occlusion from birth.

Asthma⁺, sed⁺

UR 6/5_u

12. 6/9_u, 12.5_u

- Absent lacrimal puncta on
- pooling of fluorescein dye on
- Anterior seg - mult 0 u

A
18 18

Mr. ✓

wp : (08) congenital absence
of lacrimal puncta/NLOO
referred to see Dr. Doffe → Ghana eye
Dr. Rana



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>22-9-16</i>	R PRESCRIPTION GIVEN								
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
P.D. <i>6 Ymn</i>	Dist								
	Inter								
	Read								

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME			
	LENSES			
	COATING			
	SUNDRIES			
TOTAL VOUCHER BALANCE DEPOSIT BALANCE				

PLEASE TICK
CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
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SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
<i>6/5_u</i> <i>6/9_u</i>	6/R <i>plano</i> = 6/5 ^R 6/L <i>plano (N.I.)</i> = 6/9 ^L Binoc ADD		Rdg ADD <i>76/5</i> = N
MUSCLE BALANCE			RETEST DATE
<i>Auto</i> <i>R +0.75/-0.25 x 112</i> <i>L +1.00/-0.75 x 59.</i>			