

SURNAMES (Block Letters)
DUL-SOMAD MUSAH

FIRST NAMES
WUN-TIA RUHAIMA

Sex
FEMALE

PHONE NUMBER 0201616162 (Dad)
0204366201 (Mum)

ADDRESS OR RESIDENTIAL NO 16 OWUSU KOFI STREET, ODORKOR

OCCUPATION
STUDENT

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER

DATE OF BIRTH
APRIL 2000

AGE
FOURTEEN (14)

PLACE OF BIRTH
KORLE-BU TEACHING HOSPITAL

ANY ALLEGIC REACTION
TO MEDICINE
NO

NATIONALITY
GHANAIAN

RELIGION
MUSLIM

DATE OF FIRST ATTENDANCE

NEXT OF KIN
FAAIZ

ADDRESS OR PHONE No. OF NEXT OF KIN
020-5182503



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Nun-Jia Ruhaima Abdul-Samad Muzah CARD NUMBER: 13375

DATE: 10/09/2016

Yc. Blurred distant vision for a while.

Astigmatism, sed.

VR 6/36na, 6/9pt R 6/24na, 6/9pt

no Complaint apart for blurred
Distant vision.

Qc:

normal - lid - damp

Quiescent - ALs - Quiescent

R/R pupil - R/R

clear lens - clear

5.3 Fundus - 0.3

pink

pink

Almayer

May

do get spectacles (Mayer)

19-7-77 c/ Blurred vision in BB when not wearing
glasses., also itching

VR 6/30ug,

VR 6/24ug,

But very pop then

IV
14 15

yes - fumes - eos

then

① observe

su 3/2

13375



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: interstareyeclic@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			
10-9-16	Dist	-2.75				-2.50						
P.D. 66mm	Inter	(19-7-17)										
	Read											

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED
R	L	R	L			

DISPENSING NOTES	DESCRIPTION	GH¢	P
Ans then order 6-12-16	FRAME (Rayban)	150.00	
frame Rayban 90	LENSES (AIR SN)	100.00	
lens AIR 8tv 100	COATING		
	SUNDRIES		

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	100.00	
	VOUCHER	fully paid	
	BALANCE	10-9-16	
	DEPOSIT	600.00	
	BALANCE	10/9/16	
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			22/9/16
			8/12/16

Ans then order
6-12-16
frame Rayban 90
lens AIR 8tv 100

DETL - 24/1/16 -
paid 6/12/16.

19-7-17 Auto

R -3.00/-0.25 x 146

L -2.50/-0.25 x 178

SYMPTOMS & HISTORY <u>subjective</u>		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY 6/36 R -2.75 DS 6/24 L -2.50 DS		FIELD TONOMETRY COLOUR ETC. 6/5 > 6/5 6/5	
OPHTHALMOSCOPY 6/36 R 6/24 L	SUBJECTIVE 6/R -2.75 DS 6/L -2.50 DS Binoc ADD	ACCOMMODATION = 6/5 R Rdg ADD 7/6/5 L = N	
MUSCLE BALANCE <u>Auto</u> R -2.25/-0.25 x 159 L -2.00/-0.25 x 179		RETEST DATE	



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NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R								PRESCRIPTION GIVEN			
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism			
16/9/17	Dist	-2.75				-2.50						
P.D. 66mm	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION	GH¢	P
Another Order	FRAME (Optic 2000)	200.00	
29/8/18	LENSES (AIR SH)	120.00	
Spn 227 42 18140	COATING (Tranfrmit)	150.00	
frame Suprimo 28	SUNDRIES (AIR SH)	120.00	

lens A1A SH 12P	TOTAL	590.00
total - sub 370.00	VOUCHER	paid 11/9/18
paid 4/9/18	BALANCE	

PLEASE TICK

CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DEPOSIT ☐ BALANCE ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
		7/9/18	19/9/18



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NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R							
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
14-1-19	Dist	-2.75			-2.50			
P.D. 66mm	Inter							
	Read							

HEIGHTS		MONO		BLANK	TECH SIG.
R	L	R	L		CHECKED

DISPENSING NOTES

DESCRIPTION	GH¢	P
FRAME Lenses	200.00	
LENSES AR SL	150.00	
COATING		
SUNDRIES		

TOTAL	350.00
VOUCHER	paid 15/1/19.
BALANCE	
DEPOSIT	
BALANCE	

PLEASE TICK

CASH ☐

CHEQUE ☐

CREDIT CARD ☐

DISPENSED BY

CHECKED BY

RECEIVED BY

DATE

24/1/19