

URNAMES (Block Letters)
OKOE

FIRST NAMES
VICTORIA

Sex
F

PHONE NUMBER.....0279901884, 0548365797.....

ADDRESS OR RESIDENTIAL.....ABOSSEY OKAI.....

OCCUPATION.....

| MARITAL STATUS | | | |
|----------------|----------|--------|-------|
| MARRIED | DIVORCED | SINGLE | OTHER |
| | | | ✓ |

| | |
|---------------|-----|
| DATE OF BIRTH | AGE |
| 28/1944 | 72 |

PLACE OF BIRTH
TAMALE

ANY ALLEGIC REACTION
TO MEDICINE
SPERMIN

NATIONALITY
HAWAIIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
03-11-16

| | |
|---------------------------|----------------------------------------------------|
| NEXT OF KIN S. Gondwah | ADDRESS OR PHONE No. OF NEXT OF KIN 0548 365797 |
|---------------------------|----------------------------------------------------|



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Md. Victoria Okae

CARD NUMBER: 14042

DATE: 3/11/2016

UR Hm us, N. Iph. R 6/36us, 6/18pt.

Blurred vision worse at night

~~Refraction~~ On 7 A.M. E. Epapm, no more tears, Epapm
Hpt? Om?

A
17 17

YH + ORE

- ✓ Lid ✓
- ✓ Cornea ✓
- ✓ Aquea ✓
- ✓ HCC ✓
- ✓ pupil ✓

Mature cataract 1083, CC

No view IMAI CM = 0.6+
Bilateral cataract (10) > (L) poor view
plan: needs eye cataract surgery
(2) ut. no more tears BE 10
Dr. Brown

| | | | |
|---------------------------------------------|---------------------------------------|-----------------------------|---------------------------------------------------------|
| SYMPTOMS & HISTORY | | OCCUPATION HUBBIES | |
| EXTERNAL EXAMINATION OPHTHALMOSCOPY | | FIELD TONOMETRY COLOUR ETC. | |
| OPHTHALMOSCOPY | SUBJECTIVE | | ACCOMMODATION |
| Hm 6/36uz | 6/R nil 6/L - 3.00 DS Binoc ADD | | = 6/4m ^R Rdg ADD 6/24 ^L = N |
| MUSCLE BALANCE | | | RETEST DATE |
| Auto R Error L Error Add + 3.00 RS | | | |