

SURNAMES (Block Letters)  
MABA

FIRST NAMES  
FRANCIS

Sex  
MALE

PHONE NUMBER 0202112122  
0262312122

ADDRESS OR RESIDENTIAL House No 122, NORTH ATOMIC  
ACCRA

OCCUPATION  
MANAGEMENT CONSULTANT

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH 11/05/59  
AGE 57

PLACE OF BIRTH  
ACCRA

ANY ALLEGIC REACTION  
TO MEDICINE  
-

NATIONALITY  
GHANESE

RELIGION  
CHRISTIAN

DATE OF FIRST ATTENDANCE  
02/11/16

NEXT OF KIN  
MILITA MABA

ADDRESS OR PHONE No. OF NEXT OF KIN  
050 111 7787



# INTERSTAR EYE CLINIC & LASER CENTRE

NAME: Mr. Francis Aigba

CARD NUMBER: 14037

DATE: 2/11/2016

C. Blurred vision and difficulty reading

Small print for 15 yrs.

pain<sup>+</sup>, itching<sup>+</sup>, tearing<sup>+</sup>, occasional swollen eyelids in BE.

DM<sup>+</sup>, HPT<sup>+</sup>, SCD<sup>+</sup>, Asthma<sup>+</sup>, glasses<sup>+</sup> (2 yrs).

UR 6/12u, 6/9d

R 6/9u, 6/9d

But conjunctivitis corneal contact  
corneal contact lens - c/105  
c/105 - pupil - c/105  
plan.

DP

14/3

⊙ Tobradex to BE

⊙ Retin Tears  
Hed BE

Sn 4/5

14-11-2016.

Q/c :- Review.

Swollen eyelids with pains in both eyes; started a day. Cannot tell if it from the refresh tears. Sharp pains<sup>++</sup>, burning sensation. severe (L.E.).

$V_R \frac{6}{6} gl, \frac{6}{9} +1 ua$

$V_L \frac{6}{6} gl, \frac{6}{6} -2 ua.$

Bl Conjunctivitis

Plan

① Atropine  
2cd  
BO

② Mervac  
2cd  
BO

for 2/52

28-11-2016

Q/c :- Review: whitish discharges.

$V_R \frac{6}{6} gl, \frac{6}{6} -2 ua$

$V_L \frac{6}{6} gl, \frac{6}{6} -2 ua$

Bl Conj

M

Plan

13 14

for 6/52

① Retinex Tears  
2cd  
BO

14037



# 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: interstareyeclinik@gmail.com Tel: 0302-783832/027-7755354

NAME: \_\_\_\_\_ TEL HOUSE \_\_\_\_\_ WORK \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DATE OF TEST  2-11-16.	R								PRESCRIPTION GIVEN			
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism			
	Dist	+1.00	-0.50	80		+1.25	-0.75	90				
	Inter											
P.D.  68mm	Read	+2.25				+2.25						

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES	photo ATR prog.	600.~	
	COATING			
	SUNDRIES			

TOTAL		2nd 600.~
VOUCHER		paid 2/11/16
BALANCE		
DEPOSIT		
BALANCE		

PLEASE TICK

CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			7/11/16

own Rx prog

Add + 2.00 DS.

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/9g/ 6/9g/	6/R +1.00/-0.50 x 80 = 6/6 6/L +1.25/-0.75 x 90 = 6/5 Binoc ADD		R Rdg ADD L = N 5
MUSCLE BALANCE	Add + 2.25 DS		RETEST DATE
Auto R L	+1.00/-1.25 x 81 +1.75/-1.75 x 90		Jr