RNAMES (Block Letters) HBUBAKAR	FIRST NAMES AYESHA	Sex F
HONE NUMBER	0548 843577	***************************************
DDRESS OR RESIDENTIAL	PIG FARM - FB	91V Y
CUPATION CATERER	MARRIED	MARITAL STATUS DIVORCED SINGLE OTHER
E OF BIRTH AGE 144	PLACE OF BIRTH	ANY ALLEGIC REACTION TO MEDICINE
	RELIGION AUSHM	DATE OF FIRST ATTENDANCE
NEXT OF KIN FAMMED JAHUBU	ADDRESS OR PHONE No.	OF NEXT OF KIN

Committee and the committee an



NIBIGIVA CENTRE & LASER CENTRE

NAME: Md. Ay	esha Abubakar	CARD NUMBER: 14155	
c/e:- itch i	in both eyes	started a day ago. Canno	t
pains	s, burning sens	alion iteht tearing	
Up Gb.		V _L .6/6-2	.,1
TU 16 15	Bul Cler -	James - Gear Jahrs - 460-6	
		O VI TO CO	- T
. En	St Molf	C) ReWan Te	198 30



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 HOUSEWORK							
ADDRESS:		DATI					DATE	OF BIRTH			
DATE OF TEST /				F			PRESCR	IPTION GIV		• .	
4-11-16-	ļ	S	ph	C		Axis	Prism	Sph	Cyi	Axis	Prism
4-11 10	Dist +		50	()25	90		10.50	-0.50	90	
P.D.	Inter										
GOMM Read		+1	50			, ,		41.50			
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R L	R		L				<u> </u>	CHECK			
DISPENSING NOTES			•			. [ESCRI	TION		GH¢	P
			FRAME								
			LEN	SES							
			COATING								
			SUNDRIES								
								TOTAL			•
								OUCHER			
							. 1	BALANCE			·
PLEASE TICK								DEPOSIT	<u> </u>	*	
CASH	CHE	QUE			CRE	EDIT CARI	· 🗌 ,	BALANCE	-		<u>.</u>
DISPENSED BY	CI	IECK	ED BY		F	RECEIVED	ВҮ	DATE			
	•										

SYMPTOMS & HISTOR	₹Y		OCCUP HUBBII	
EXTERNAL EXAMIN	ATION OPTHALMOSCOPY	F	IELD TON	NOMETRY COLOUR ETC.
орнтнасмоссору	SUBJECTIVE	<u> </u>	-	ACCOMMODATION
12/6 ru	6/R +0.50/R	•	= 6/	R L Rug ADD = N
MUSCLE BALANCE		1+0aH	·201	RETEST DATE
Auto-	501-0.50;	×87 <102		
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