

URNAMES (Block Letters)
Fobil

FIRST NAMES
John

Sex
Male

PHONE NUMBER 0243226987

ADDRESS OR RESIDENTIAL ~~SEKURU~~ NEW TOWN - ACCRA

OCCUPATION
Pensioner

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH
953

AGE
64

PLACE OF BIRTH
Asakragya

ANY ALLERGIC REACTION
TO MEDICINE

NATIONALITY
Benien

RELIGION
Western

DATE OF FIRST ATTENDANCE
1 November 2016

NEXT OF KIN
Piscilla

ADDRESS OR PHONE No. OF NEXT OF KIN
0274049735



INTERSTAR EYE CLINIC & LASER CENTRE

NAME: Mr. John Fobil

CARD NUMBER: 14077

DATE: 01/11/2016

% Blurred vision in RE for 3 yrs.
Diagnosed of glaucoma, not using drops.
DM² DM¹ (on tabs, 5yrs), HPT⁺

VR c/c/m w
NIPK

R c/c 0.5m w
NIPK

DM
7-66
reveler +
pse c/c/ract
% 07
(POW Neo)
kes
— lens — reveler + pse
c/c/ract
fulur
% 106

plan
⊕ Thinner
Bref
BE
⊕ reno Tears
and
BE
ju 3/2

SYMPTOMS & HISTORY		OCCUPATION HOBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
<i>cfelma</i> <i>cfelma</i> <i>we</i>	6/R <i>NI</i> 6/L <i>NI</i> Binoc ADD		= 6/ <i>R cfelma</i> L Rdg ADD <i>20/20</i> = 6/ <i>cfelma</i> = N
MUSCLE BALANCE		RETEST DATE	
<i>Auto</i> <i>R error</i> <i>L error</i>			