

SURNAMES (Block Letters)
SAKSAEBEOM

FIRST NAMES
BAEBEOM

Sex
MALE

PHONE NUMBER 0244932403
0277435280

ADDRESS OR RESIDENTIAL KOREA

OCCUPATION
SAKMAN

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH 15th NOV 1955
AGE 60

PLACE OF BIRTH
SEOUL KOREA

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
SEOK KOREA

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
29/8/17

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
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CLINIC & LASER CENTRE

DAE3EOM BAKIDAE3EOM

17907

29/8/17

9/c cloudy vision in ^{LE} for 3/7. Had an injection to the eyes 10yrs ago at KBTB. pain^φ, tearing^φ.
Dm^φ, HPT^φ.

VR 6/9, 6/5, 6/5, 6/5

VR 6/9, 6/5, 6/5

(R) junk lens - capsule pigment

(L) conj - injected

Conj -

Ac - + 3 cells

Pup - 1/2 mm

Lens - act. Capsule pigment
p800 at least

4/635 - fuses - 1/2 to 3

See 6/4

1) Anal fete 24/17
2) Anop not 1/2 1/2



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 HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R								PRESCRIPTION GIVEN			
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism				
29-8-17	Dist											
P.D. 65MM	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES			
	COATING			
	SUNDRIES			

TOTAL	
VOUCHER	
BALANCE	
DEPOSIT	
BALANCE	

PLEASE TICK

CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
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SYMPTOMS & HISTORY

OCCUPATION
HUBBIES

EXTERNAL EXAMINATION OPHTHALMOSCOPY

FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY

SUBJECTIVE

ACCOMMODATION

6/sgl

6/R +0.75 DS

= 6/5

R

6/6gl

6/L +0.75/-0.50 X 180 = 6/6

Binoc ADD

Rdg ADD

= N

MUSCLE BALANCE

Add +2.75 DS

RETEST DATE

Auto

R +1.50/-0.75 X 78

L +0.75/-1.00 X 17.