

NAMES (Block Letters)
QUARTEY

FIRST NAMES
PATRICIA

Sex
F

ONE NUMBER.....0547 103593.....

DRESS OR RESIDENTIAL.....LA - PALM WINE.....

OCCUPATION
CATRER

MARITAL STATUS			
MARRIED ✓	DIVORCED	SINGLE	OTHER

DATE OF BIRTH
6/1989

AGE
27

PLACE OF BIRTH
SUHUM

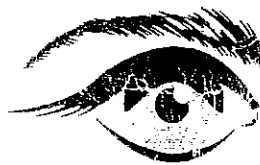
ANY ALLEGIC REACTION
TO MEDICINE
—

NATIONALITY
ANAMAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
20/09/2016

NAME OF NEXT OF KIN ALAKLEY	ADDRESS OR PHONE No. OF NEXT OF KIN 0249 105393
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INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Md. Patricia Quayley

CARD NUMBER: 13468

DATE: 20/09/2016

1/2 growth on left upper eyelid for 4 1/2. Occasional

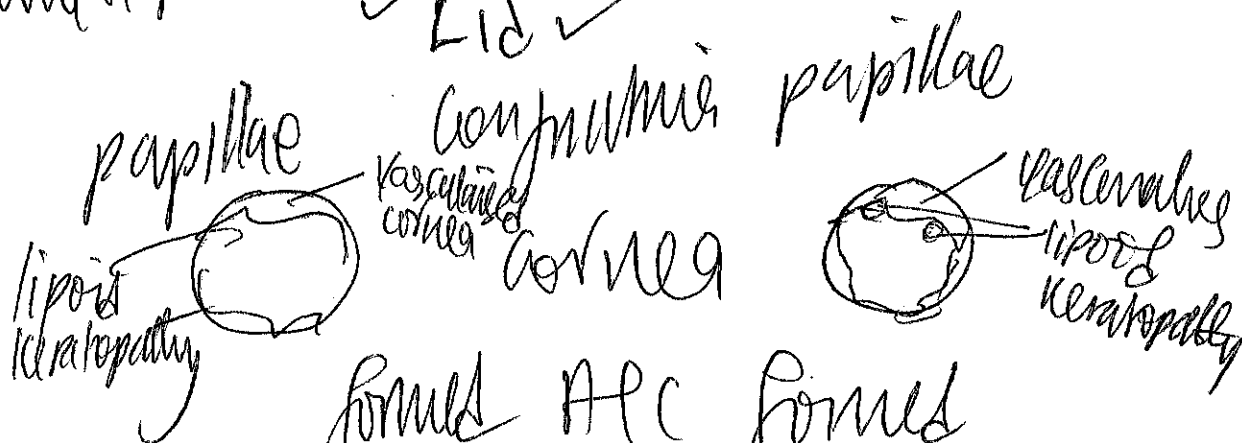
itching in BB.

Asthma,

Asthma ϕ , sed ϕ .

UR 6/6 us. Darkening of periorbital skin

VR 6/12 us, 6/9 2nd



formed APC formed
round pupil round
lens

am 20-4 fnd am 20-4

Wp: Atopic Keratoconjunctivitis

Plan: At - flange BE BD
At - patanol BE BDx @ 5000

See 3/12

Dr. Brannan

01-2-17

q/c: Review

V_R 6/5 ug

V_L 6/12 ug, 6/12 (rejection)

184

Plan: CT as above:

- patanol BE BDx @ 5000
- flange BE BDx @ 5000

See 4/12

Dr. Brannan



INTER-STAR EYE CLINIC & LASER CENTER

Loc: 10th Lane/H/No. F764/H/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	PRESCRIPTION GIVEN							
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
20-9-16.	Dist							
I.P.D.	Inter							
	Read							

HEIGHTS		MONO		BANK		TECH. SIG.	
R	L	R	L			CHECKED	

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

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION	
6/6 6/12 ²	6/R P lens -1.00 X 180 (N-I) 6/L +1.00/-1.50 X 40 Binoc ADD	= 6/5 ^R Rdg ADD = 6/12 ^L = N	
MUSCLE BALANCE		RETEST DATE	
Auto R +0.75/-1.75 X 6 L +2.75/-3.75 X 36			