

URNAMES (Block Letters)
MENSAH

FIRST NAMES
SAMUEL MANA

Sex
M

PHONE NUMBER.....0243 378010.....

ADDRESS OR RESIDENTIAL.....ACC - KOSO.....

OCCUPATION
BUSINESS MAN

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TE OF BIRTH
1/08/1966

AGE
52 YRS

PLACE OF BIRTH
CENTRA REGION

ANY ALLEGIC REACTION
TO MEDICINE
—

NATIONALITY
HAWAIIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
07-09-16

NEXT OF KIN DAVID MENSAH	ADDRESS OR PHONE No. OF NEXT OF KIN 0548 423229
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INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mr. Samuel Nomen Mensch

CARD NUMBER: 13335

DATE: 07-09-16

1/2 pain in BB for a while. Difficulty reading.
occasional FB sensation in BB
Astigmatism, DM, HPT, SCD.

VR 6/5u9

VR 6/5u9

R L

- Conjunct. Pinguecula, seb. discharging - injected.
cornea - clear.

S.O.P.

D. conjunctivitis.

Mum Flu-Neo Qid 1/5u, Refresh Tears Qid.
review: if still feel any pain.

4/10/3 - Julius - 4/10/3

Jup

12 12

Ex 6/2

Re Wash Tears
2nd BB



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			
7-9-16	Dist	Plano				Plano						
P.D. 65mm	Inter											
	Read	+2.50				+2.50						

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES	Readers	60.00	
	COATING	+2.50		
	SUNDRIES			

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	60.00
	VOUCHER	paid 7/9/16
	BALANCE	
	DEPOSIT	
	BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			7/9/16

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/5 _{us} 6/5 _{ue}	6/R Plano 6/L Plano Binoc ADD	= 6/5 R = 6/5 Rdg ADD 76/5 = N 5	
MUSCLE BALANCE		RETEST DATE	
<u>Auto</u> Add + 2.50DS R +1.75/-0.50 X 79 L +1.50/-0.50 X 87		J2	