

SURNAMES (Block Letters)
ENSAH

FIRST NAMES
CHARLOTTE ROSE

Sex
FEMALE

PHONE NUMBER 0277 488 397

ADDRESS OR RESIDENTIAL GRA, Box 2202 ACCRA

OCCUPATION
TAX OFFICIAL

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH	AGE
1/07/68	53

PLACE OF BIRTH
ACCRA

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
HAWAIIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
20/09/2016

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
ROBERT MAXWELL	026 77 63 881



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Md. Charlotte Rose Mensah

CARD NUMBER: 13470

DATE: 20/09/2016

c/c Pain and itching in RE for 2/52.

Asthma⁺, sed⁺, HPT⁺, DM⁺. glasses⁺ (>1yr).

VR 6/9u9, 6/5q1

VR 6/92u9, 6/9q1

A
14 14

papillae ✓

LID ✓

conjunctiva papillae

✓ cornea ✓

✓ ALC ✓

✓ pupil ✓

✓ iris ✓

Mm: alt. naphcon A BE TD
see 1/2 alt. Tears natural BE TD
any glasses

Dr. Brames

251-19

%: Routine checkup & change of glasses if necessary.

V_R
6/5_u

V_L
6/5_u

sem
←

of E:

Quint

cheer answer

cheer A

n/12 mind

N2+

~~can~~

pl. 1. observe

2 See 4/12

Wd

NCT

A
14 16

13470



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
25-1-19	Dist	plano	-1.00	90		plano	-0.75	90	
P.D. 64mm	Inter								
	Read	+2.50				+2.50			

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES			
	COATING			
	SUNDRIES			

PLEASE TICK: CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	
	VOUCHER	
	BALANCE	
	DEPOSIT	
	BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/5 _g 6/5 _g	6/R <i>plano</i> -1.00×90 = 6/5 6/L <i>plano</i> -0.75×90 = 6/5 Binoc ADD		R L <i>Relax ADD</i> = N
MUSCLE BALANCE		<i>Auto</i> Add: $+2.50$ RS - 552	RETEST DATE
R: $+0.25/-0.75 \times 95$ L: $+0.75/-1.00 \times 90$			



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NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R PRESCRIPTION GIVEN								
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
20-9-16	Dist	Plano	-1.00	90		Plano	-0.75	80	
P.D. 64mm	Inter								
	Read	+2.25				+2.25			

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION	GH¢	P
	FRAME (Half rim bronze)	450.00	
	LENSES (Speedway 2)	270.00	
	COATING (photo AR b/f)		
	SUNDRIES		

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	720.00	
	VOUCHER	paid 13/11/17	
	BALANCE	170.00	
	DEPOSIT	550.00	
	BALANCE	paid 9/11/17	
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			13/11/17

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/5q/	6/R Plano/1.00 x 90 = 6/5	R	76/5 = N 5
6/9q/	6/L Plano/-0.75 x 80 = 6/5 Binoc ADD	Rdg ADD	
MUSCLE BALANCE			RETEST DATE
<u>Auto</u> Add + 2.25 DS R +0.25/-1.00 x 94 L +0.50/-0.75 x 83.			J2