

<b>SURNAMES (Block Letters)</b>
ELSON

<b>FIRST NAMES</b>
MMANDELLA

<b>Sex</b>
FEMALE

<b>ONE NUMBER</b> .....0547759205
.....

<b>ADDRESS OR RESIDENTIAL</b> .....MR. DAGANI STREET.....COMMUNITY 10, House
.....NUMBER 2030, TEMA.....

<b>OCCUPATION</b>
STUDENT

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
.....	.....	✓	.....

<b>DATE OF BIRTH</b>	<b>AGE</b>
09-1990	25

<b>PLACE OF BIRTH</b>
.....

<b>ANY ALLERGIC REACTION TO MEDICINE</b>
.....

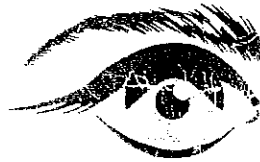
<b>NATIONALITY</b>
GHANAIAN

<b>RELIGION</b>
CHRISTIAN

<b>DATE OF FIRST ATTENDANCE</b>
20-Sep-2016

<b>NEXT OF KIN</b>	<b>ADDRESS OR PHONE No. OF NEXT OF KIN</b>
NDA ASHLEY - ANTONY	0244136944

Mr. Tom



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Ms. Mmanuella Nelson

CARD NUMBER: 13471

DATE: 20/09/2016

% Blind Vision w LS from  
Childhood

Hx - Toxo (Congenital)

SCD: X

DM - X

HPT - X

V<sub>R</sub> 6/5 Lp

V<sub>L</sub> 6/5 Lp  
18, 6/60<sup>2</sup> w

Bi Cong PEP X 4/36<sup>2</sup> PH

DP

14 13

CRA  
superior  
retina

- fuses CRA - macula

⑧ Old Toxoplasma macular scar

① Retraction / DB =  
Plac

② Osseous  
see 3/2

Mr. Brown

Examination Fee - 500.00 w.  
500.00 w.

13-12-76 % Review-

up 66ing, 6652

12 6/25-29, 6652  
6652 pt

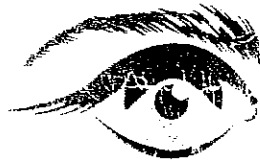
Allenpie cymnuchio

Ad Topoplama cmt

Amnat. patanol BE RD

See <sup>4</sup>/<sub>12</sub> -

Dr. Brandois



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Margaret Nelson

CARD NUMBER: 13471

DATE: 12/1/17

%: Review. No complaint  
History of toxoplasmosis

V.R. 6/16 gr

V.L. 6/18 gr, N.I. pt

Capillae - lid - papillae

UP

Anterior HS Anterior

reactive - pupil reactive

✓ Inlens - no other  
SCA

12 12

ω

4:35pm

Allergic conjunctivitis  
Et Macular Scar

Plan

1. Auto Refresh tears BE EEd

See in 3/12

Shaw



# 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							
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
20-9-16	Dist							
P.D.	Inter							
	Read							

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME			
	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 HOBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/5g	6/R	plano = 6/5	R
6/18g	6/L	-1.50/-1.50 x 180 = 6/18	Rdg ADD 7/6/5
		Binoc ADD	= N
MUSCLE BALANCE			RETEST DATE
<u>Auto</u> R - 2.25/-0.25 x 71 L - 2.75/-1.75 x 22			