

SURNAMES (Block Letters)
JUSSIF

FIRST NAMES
RAMATU

Sex
FEMALE

PHONE NUMBER..... 0200022818

ADDRESS OR RESIDENTIAL..... D/171 ADENTA NEW SITE

OCCUPATION
FARMER

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
			In A RELATIONSHIP

DATE OF BIRTH 1/12/1990	AGE 26
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PLACE OF BIRTH
BUPE

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
HAAIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
10/11/2016

NEXT OF KIN LOMOH AMUZU	ADDRESS OR PHONE No. OF NEXT OF KIN 0204447035
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01/10/11/16



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Ms. Ramatu Yussif

CARD NUMBER: 14158

DATE: 10/11/2016

1/c. Itching and tearing in BB for a while
on an eyedrop occasionally. Hx: glaucoma &
Astigmatism, scd.

vr. 6/9 un- n 6/5 un

A 13 13
pterygia
0.6+ cum 0.6

Plan: ① VST (cup-2) ✓

② cum. Voltaren BE TID

see 3/12

Dr. Brannias

9/3/17

c/c:- Review itch in both eyes

V_R 6/-2, 6/-1
(refraction) V_L 6/5 un

Vf Rk have defects

$$\begin{array}{r} \text{ms} = -4.85 \\ -2.70 \end{array}$$

Bl Gray just past Rk

4/1067 - fuses - 4/1066

phs

sup
13 12

① Tobradex
gel
BT
① Patanol
gel
BT

su 4/52
QCT
(Roch)

6/04/17 Yn - 6/5 V_L - 6/5

do itching both eyes

0/E Allergic conjunctivitis

Plan: At - patanol BE RD see 3/2
Dr. Brainerd

NAME

ID 14156

RIPTHDATE 15-12-90

PRY: ME

ROBERT: 26

TOTAL DEVIATION

PATTERN DEVIATION

FIGURE

004-7

RY: 0250 + 0.00 05

DCM

DEG

02 26 STRAIGHT FULL IMPROVED

FLIGHT: 0250 00101

TIME 15:21:46



CREAT

1250 05

RY: 0250 + 0.00 05

DCM

DEG

02 26 STRAIGHT FULL IMPROVED

FLIGHT: 0250 00101

TIME 15:21:46



TOP OF GRID 1250

RY: 0250

DCM: 0250 00101

RY	DCM	DEG	TIME	FLIGHT	RY	DCM	DEG	TIME	FLIGHT
02	26	1250	05	00101	02	26	1250	05	00101
02	26	1250	05	00101	02	26	1250	05	00101
02	26	1250	05	00101	02	26	1250	05	00101
02	26	1250	05	00101	02	26	1250	05	00101
02	26	1250	05	00101	02	26	1250	05	00101
02	26	1250	05	00101	02	26	1250	05	00101
02	26	1250	05	00101	02	26	1250	05	00101
02	26	1250	05	00101	02	26	1250	05	00101
02	26	1250	05	00101	02	26	1250	05	00101

DCM: 0250 00101

DEG: 0250 00101

TIME 15:21:46



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			
90-11-16	Dist	Plano	-0.50	180		Plano						
P.D. 67mm	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
G/Sue G/Sue	6/R Plano 10.50 x 120 = 6/5 6/L Plano = 6/5 Binoc ADD		R Rdg ADD 7 6/5 = N
MUSCLE BALANCE			RETEST DATE
Auto R -0.25/-0.50 x 15			