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|---|
| URNAMES (Block Letters) KUNFOUR |
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|------------------------------------|
| FIRST NAMES MRS. THERESA |
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| |
|-----------------|
| Sex F |
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| |
|------------------------------------|
| PHONE NUMBER |
|------------------------------------|

| |
|--|
| ADDRESS OR RESIDENTIAL |
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| |
|----------------------------|
| OCCUPATION |
|----------------------------|

| MARITAL STATUS | | | |
|----------------|----------|--------|-------|
| MARRIED | DIVORCED | SINGLE | OTHER |
| | | | |

| | |
|-------------------------------|---------------------|
| DATE OF BIRTH | AGE |
|-------------------------------|---------------------|

| |
|--------------------------------|
| PLACE OF BIRTH |
|--------------------------------|

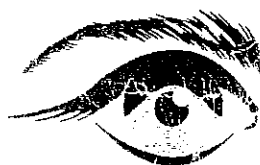
| |
|--|
| ANY ALLEGIC REACTION TO MEDICINE |
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| NATIONALITY |
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|--------------------------|
| RELIGION |
|--------------------------|

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|---|
| DATE OF FIRST ATTENDANCE 13/09/2016 |
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|-----------------------------|---|
| NEXT OF KIN | ADDRESS OR PHONE No. OF NEXT OF KIN |
|-----------------------------|---|



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mrs. Theresa Kufour

CARD NUMBER: 13392

DATE: 13/09/2016

9C. Difficulty reading small print,

Diagnosed of bilateral glaucoma > 18 yrs ago.

Had RE glaucoma surgery -> unsuccessful

Had LE c/c 2 yrs ago.

on Cosopt bid LB, Travatan noct ~~BE~~ and
Normo Tears qid BB.

Drp, HPT⁺ (Sys, med).

VR PL us, n: pH -

VR. c/c 4M us
n: pH.

(R) pthsis bulb

Ang - hypotension

Conc - Central Band KP

(L) Grate
p/c

10/18
rep New - fulus - c/d 0-95

plac
COST bid
Travatan
c/c

Su 7/2

exam. Grates

③ Alphas
tel
LS



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 | | | |
| 13-9-16 | Dist | Plan | | | | +1.00 | +75 | 90 | | | | |
| P.D. 6mm | Inter | | | | | | | | | | | |
| | Read | +3.00 | | | | +3.00 | | | | | | |

| HEIGHTS | | MONO | | BLANK | TECH SIG. CHECKED |
|---------|---|------|---|-------|----------------------|
| R | L | R | L | | |
| | | | | | |

| DISPENSING NOTES | DESCRIPTION | | GH¢ | P |
|------------------|-------------|--------------|--------------|---|
| | FRAME | own | - | |
| | LENSES | photo Mr Sfr | 160.~ | |
| | COATING | own | - | |
| | SUNDRIES | white Mr Sfr | 90.~ | |
| | | TOTAL | 250.~ | |
| | | VOUCHER | paid 13/9/16 | |
| | | BALANCE | | |
| | | DEPOSIT | | |
| | | BALANCE | | |

PLEASE TICK
CASH ☐ CHEQUE ☐ CREDIT CARD ☐

| DISPENSED BY | CHECKED BY | RECEIVED BY | DATE |
|--------------|------------|-------------|----------|
| | | | 16-09-16 |

| | | | |
|---------------------------------------|--|--|-----------------------------------|
| SYMPTOMS & HISTORY | | OCCUPATION HUBBIES | |
| EXTERNAL EXAMINATION OPHTHALMOSCOPY | | FIELD TONOMETRY COLOUR ETC. | |
| OPHTHALMOSCOPY | SUBJECTIVE | | ACCOMMODATION |
| PLW 6/24 3/4 | 6/R $\overline{M} \frac{11}{1}$ Plans 6/L +1.00/-1.75 X 90 Binoc ADD | | = 6/PL R Rdg ADD = 6/24 = N |
| MUSCLE BALANCE | | RETEST DATE | |
| Amb R Error L +1.00/-1.75 X 83. | | Add +3.00 DS Newspaper Large print only | |