

URNAMES (Block Letters)  
AMORAH

FIRST NAMES  
GEORGE

Sex  
MALE

PHONE NUMBER.....0240581089, 0501235697.....

ADDRESS OR RESIDENTIAL.....GRACE CONGREGATION, P.O. BOX  
50, WINNEBA.....

OCCUPATION  
SAFETY OFFICER

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH  
2/10/1991

AGE  
25yrs

PLACE OF BIRTH  
AKIM MANSO-EJA

ANY ALLEGIC REACTION  
TO MEDICINE

NATIONALITY  
GHANAIAN

RELIGION  
CHRISTIAN

DATE OF FIRST ATTENDANCE  
11/10/2016

NEXT OF KIN  
BOSONDEM GODFRED

ADDRESS OR PHONE No. OF NEXT OF KIN  
0248060957



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: George Amoah

CARD NUMBER: 14159

DATE: 11/11/2016

1/2 Sudden loss of vision in RE 5 yrs ago  
Has been told he requires a corneal  
transplants.

Dm<sup>+</sup>, HPT<sup>+</sup>, Asthma<sup>+</sup>, SCD<sup>+</sup>

UR PLUG

m. 6/50

(L) quite

12-14

(R)

any - low vision

Atree - vascularized opaque  
(Graft + bleed)

AK - poor V/O

W/O - futher 4/103

SN 6/52

plus  
① Rx with lens  
2nd RE

② Tobradex  
m.d.

③ RE Cosmo  
CL

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
R eye 6/5us	6/R Plano = 6/	6/L Plano Binoc ADD = 6/	R L Rdg ADD 7.6/5 = N
MUSCLE BALANCE			RETEST DATE
Auto R Error L -0.25/-0.50 x 3			