

URNAMES (Block Letters)
ADU - GYAMFI

FIRST NAMES
SAMUEL

Sex
M

PHONE NUMBER.....0246 22 56 77

ADDRESS OR RESIDENTIAL.....TEMA - COMMUT II

OCCUPATION
TRADER

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

DATE OF BIRTH 17/1962	AGE 54
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PLACE OF BIRTH
ACCRA

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
GHANAIAN

RELIGION

DATE OF FIRST ATTENDANCE

NEXT OF KIN ARTHA ADEMAN	ADDRESS OR PHONE No. OF NEXT OF KIN 0243 946639
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INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mr. Samuel Adu-Gyamfi

CARD NUMBER: 13695

DATE: 6/10/2016

9/10 seeing floaters and cobwebs in ~~RT~~ ^{RS}
for 1/12. on eye clean eyedrop.

DM⁺, HPT⁺,

UR Hmua, N. Sp⁺ n. Glau,

✓ Lid ✓

✓ Conjunctiva ✓

Myopia

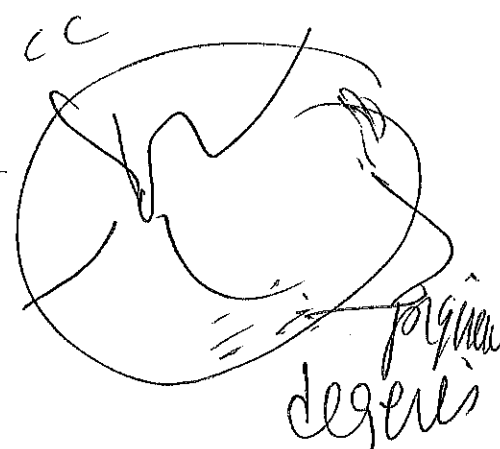
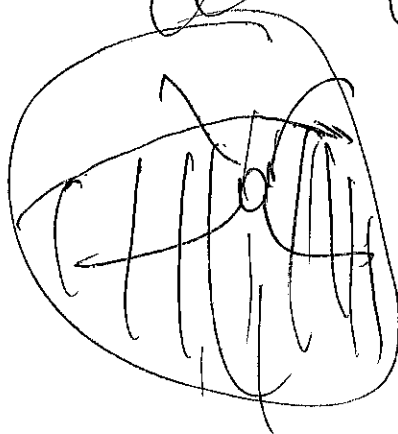
✓ Cornea ✓

Glau⁺

ACC

lens

mus



Plan: ① needs ⑩ eye prog - \$8000
↓
guaranteed visual prognosis

② needs ⑤ laser to
peripheral retina - \$500

Dr. Brumfield



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
6-10-16.	Dist								
P.D.	Inter								
	Read								

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME			
	LENSES			
	COATING			
	SUNDRIES			
		TOTAL		
		VOUCHER		
		BALANCE		
		DEPOSIT		
		BALANCE		
<div>PLEASE TICK</div> <div>CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/></div>				
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE	

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
Hmyes. 6/9us	6/R Plano (N.I.E.) = 6/Hm 6/L +0.75/-1.00 x 90 = 6/g Binoc ADD		R L Rdg ADD 7 6/8 = N
MUSCLE BALANCE	Add +2.25 DS		RETEST DATE
<u>Auto</u> R Error L +0.75/-1.00 x 84			