

SURNAMES (Block Letters)  
KANKAM

FIRST NAMES  
KENNEDY KWASI

Sex  
M

PHONE NUMBER.....0244690533

ADDRESS OR RESIDENTIAL.....SPINTEX

OCCUPATION  
PARLIAMENTARIAN

MARITAL STATUS			
MARRIED ✓	DIVORCED	SINGLE	OTHER

DATE OF BIRTH  
AGE  
39

PLACE OF BIRTH  
KUMASI

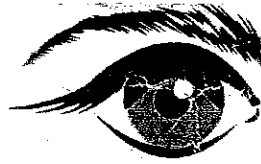
ANY ALLERGIC REACTION  
TO MEDICINE  
N/A

NATIONALITY  
GHANAIAN

RELIGION  
CHRISTIAN

DATE OF FIRST ATTENDANCE  
25-9-17

NEXT OF KIN BETTY	ADDRESS OR PHONE No. OF NEXT OF KIN 0245618702
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# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Kankam Kennedy Kwana

CARD NUMBER: 18229

DATE: 25-9-17

7c. Experienced swollen eyelids in BB for 1/52.  
Pain<sup>+</sup>, discharge<sup>+</sup>. on Gentamicin qid BB.  
DM  $\phi$ , HPT  $\phi$ . Redness<sup>+</sup>

VR 6/5u

u. 6/9u.

Bil Conjunctivitis

u. 035 for u. 035

Man

① Examine  
u. d.  
BB

① Newer  
u. d.  
BB

Su 2/52

10p  
1413

10-10-17 q. Review.

NR 6/5ug.

NR 6/5ug

nasal  
pterygium - Conj - nasal  
pterygium

clear - cornea - clear

clear - lens - clear

CP  
0.35 - fundus - OD  
0.38

see  
Dr Adams.

Plan

① L/P Pterygium excision  
+ anne

② Refresh tears vid  
BB.

③ FMC - over  
tid  
BB



# 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: Interstareyeclinik@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			
25-9-17	Dist	Plaw				Plaw						
P.D. 7mm	Inter											
	Read	+1.50				+1.50						

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

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

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/5u 6/9u	6/R Plan 6/L Plan / -0.75 x 25 = 6/6 Binoc ADD		= 6/5 R Rdg ADD 7 6/5 = N
MUSCLE BALANCE			RETEST DATE
Auto R +0.25 / -0.50 x 150 L +0.75 / -1.00 x 26.			