

URNAMES (Block Letters)
ABUL MAJED

FIRST NAMES
RASHIDA

Sex
F

ONE NUMBER.....020 7039227

DRESS OR RESIDENTIAL.....ASHONGMAN - ESTATE

CUPATION
PUPIL

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH
04/2003

AGE
13 YRS

PLACE OF BIRTH
ACCRA

ANY ALLEGIC REACTION
TO MEDICINE
—

NATIONALITY
ANANIAN

RELIGION
MUSLIM

DATE OF FIRST ATTENDANCE
19/09/2016

NEXT OF KIN SIA KANDEY	ADDRESS OR PHONE No. OF NEXT OF KIN 0244 967327
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INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Rashida Abdul-Majeed

CARD NUMBER: 13459

DATE: 19/09/2016

C. Blurred distance vision for a while.
occasional itching in BB.

Asthma⁺, SCD⁺.

UR 6/24u9, 6/18pH

UR 6/24u9, 6/18pH

BU Cong POP 125

4/103 — fuko — 4/103

Su 6/52

PL
O Patient at
bed
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: 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			
19-9-16.	Dist	-3.00	-1.50	180		-3.00	-1.50	180				
P.D. 62mm	Inter											
	Read											

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED
R	L	R	L			

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME	L80204714128	80.-	
	LENSES	UV 81v	80.-	
	COATING			
	SUNDRIES			

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	200 + 160.-
	VOUCHER	paid 19/9/16
	BALANCE	
	DEPOSIT	
	BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			28-9-16

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/24u	6/R - 3.00/-1.50 X 180 6/12 6/L - 3.00/-1.50 X 180 = 6/12 Binoc ADD		R L Rdg ADD 76/12 = N
MUSCLE BALANCE			RETEST DATE
Auto R - 3.00/-2.25 X 166 L - 4.00/-3.75 X 2			