

SURNAMES (Block Letters)
DZIKUNU

FIRST NAMES
GILBERT

Sex
MALE

PHONE NUMBER.....0557377118

ADDRESS OR RESIDENTIAL.....ACCRA

OCCUPATION
STUDENT

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		<input checked="" type="checkbox"/>	

DATE OF BIRTH	AGE
4/6/1993	24

PLACE OF BIRTH
WESTERN REGION

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
GHANAIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
18/5/17

NEXT OF KIN JAMES DZIKUNU	ADDRESS OR PHONE No. OF NEXT OF KIN 0271313189
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INTERSTAR EYE CLINIC & LASER CENTRE

NAME: GILBERT DZIKUWU CARD NUMBER: 16600

DATE: 18/5/17

o/c. pain, redness and photophobia in RE for 1/52. Asthma, sed.

VR 6/5us

VR. 6/6eq.

na - Discharge⁺ (pusulent, gives eyelids shut), AB sensation⁺ icy⁺, Contact with red eye pt

① - lid - ②

lupules - Conj - Papillae

clear - Cornea - Clear

na - AK - na

RV - hyp - RV

clear - lens - clear

03 - CD - 03

pink flat - Retina - Pink flat

Eye 1. Bil Bacterial Conjunctivitis

1. Gutt Ciproxan BE qid
2. Gutt FML - Neo BE qid
3. See 2/52

Altop