RNAMES (Block Letters)	FIRST	NAMES	Sex
ARSI-HOUNTAH	OUE SAVE	RAY PEACE	FENNALE
ONE NUMBER 026 02429		••••••	
~	LPARAK VIE-OKT	00 f57, 102	GABISY
CUPATION N ANKLINE OF	FI (IAL	MARTITA MARRIED DIVORCED	AL STATUS SINGLE OTHER
e of birth Age - 58-1978 38 TK		PLACE OF BIRTH	ANY ALLEGIC REACTION TO MEDICINE
TIONALITY	RELIGION	_	FFIRST ATTENDANCE
NEXT OF KIN RCY NYA 021	ADDR	ESS OR PHONE No. OF NEXT	OF KIN



	IN THE STATE OF CENTRE & LASER CENTRE
NAME: MO	1. Sarah Peace Crarbi-Nounsilloue CARD NUMBER: 13691
DATE:	6 10 DOC
Ple:	itch in both eyes and foreign body sensation in
	itch in both eyes and foreign body sensation in the left eye. Difficulty walking in the sun.
61)Q	tearing, pain, itch, burning sensation
	Asthma; diabetes? Siekle Cell, hptn
Pa	which not on any medication currently.
UR	6/12 WG
	6/12 ua \\ 1/2 ua \\ 6/6 gl.
	Bul Henring (L)se)
M	4106 - firlus - 41=55
14 13	Ras
	O Lão - Atoysia ex 7 nine
	O flu-con ad E
Si	1/3 Relstat brebs

17-8-17 of Review. Growth in it, would like surgery to remove it. Ust on any drops. ur 6/12 us., 6/6g/ v 6/12us, 6/6g/ 0 - Lid-0 0 - Cory - 0 A over Grea. Trans na - Au- Dua en -Rph - en Good Fidur- Goos iv. Bis Playfra (LETTRE) i hop. lim 1 Book Le PE + Mme 2 VFF post PE 3. Cut Ricen ME god Hy 2468/17 LE: Bone School Pleysin VL 92 ha 6/9 pH 2568/17 W Con-hyperman Corner- The see- grust



TOTAL STATE OF THE & LASER CENTRE

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31-88-12	ch: For veriew M	If alty	Veading to
	V	-: 6/18 wa	679 pm
	(D) Compa-	hiplen	u R
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	Su 1/5V		

14-9-17: For versed: 8h11 on 200ps

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VR: 6/5 cgr

O-Wd D

Or Corry-2

Oler Green- Cler

SMMT

1. Cutt p. I can 3/2 ford

2 but Toneder We tols + 3/12

Hen 5d × 3/2

7 See 1/12 ! Prembe glaver

84



INTER-STAR EYE CLINIC & LASER CENTRE

CONSENT FORM FOR ADULT/CHILDREN

NAME: SAPAH FRACE MAY 61-100011/10000
sex Female
D.O.B. 7 August 1978
ID No. 13691
operation consent by patient/relative Sarah Peace Garbi-Hoynsihoue
On behalf of
l also consent to such further or alternative measures as may be found to be necessary during the course of such operation and the administration of local or other anaesthetic for the purpose of same
I understand an assurance has not been given that the operation will be performed by a particular surgeon Signature of Patient/Relative Date 24 MG17
I,
Date: 24.08/17

	ı Lane ar Citi	H/No. I	L F764/1	A Su	. RE	ER (ENT Id America Iinic@gma	n Embassy	Road, Opp 0302-7838	posite 132 / 027-77	755354
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			LENS	ES	Pl	isto -	MR.	pvo 01.	6	56	<u>ر</u>

CREDIT CARD

RECEIVED BY

TOTAL

VOUCHER BALANCE

DEPOSIT

BALANCE

DATE

19/9/17

COATING

SUNDRIES

CHEQUE

CHECKED BY

PLEASE TICK

DISPENSED BY

CASH

SYMPTOMS & HISTO	RY		OCCUPATION HUBBIES
EXTERNAL EXAMIN	IATION OPTHALMOSCOPY	F	IELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY 6/12-19 6/1844	SUBJECTIVE 6/R - (.25) 6/L - (.00) Binoc ADD	23 23	ACCOMMODATION = 6 / S R Rdg ADD = 6 / S = N S
MUSCLE BALANCE Auto R - (.2)	Add+ 5/-0.25×19 1-0.25×6	1.50 B	Is retest date of specifies to anoth eyes.
L -0.75	5/-0.23 × 0	o .	

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