URNAMES (Block Letters)	FIRST NAMES	Sex
MOHAMMED	LAD	F

HONE NUMBER... 0242740853
.... 0574044401

DDRESS OR RESIDENTIAL... Po. Box 99, ACCRA, NIMA.

CCUPATION	MARITAL STATUS			
	MARRIED	DIVORCED	SINGLE	OTHER
TRADER	✓			

TE OF BIRTH	AGE	PLACE OF BIRTH	ANY ALLEGIC REACTION TO MEDICINE
57	50	AKWATIA	

ATIONALITY	RELIGION	DATE OF FIRST ATTENDANCE
HANIAN	MUSLEM	3/11/16

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
INA MODI	0249871243

NAME: Md. Lad Mohamed   CARD NUMBER: 14074

DATE: 3/11/2016

%c. Cloudy vision in BE for a while
Dm & HPT ⊖. using an eyedrop.

VR 6/12ng, 6/9pt   VL 6/9 ng

At pterygia

A
15 15

MSE

Bilateral cataract
✓   Truth ✓

Plan:- Ext. Tears naturale BE QID
Give glasses

See 6/12   Dr. Brinah

24044

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			
3-11-16		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
	Dist	Plano				Plano			
P.D.	Inter								
67mm	Read	+2·25				+225			

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED		
R L		R L						

DISPENSING NOTES	DESCRIPTION		GH¢ P
	SN 223 5417 138 CM-8		
	FRAME Section		90·00
	LENSES Photo b/F		250·00
	COATING		
	SUNDRIES		
	TOTAL		340·00
	VOUCHER		paid 18/11/16
	BALANCE		65·00
PLEASE TICK	DEPOSIT		275·00, paid
CASH ☐ CHEQUE ☐ CREDIT CARD ☐	BALANCE		3/11/16

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			18/11/16

SYMPTOMS & HISTORY	OCCUPATION HUBBIES

EXTERNAL EXAMINATION OPTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/12us	6/R	plano (N I) $= 6/12$	R L
6/9us	6/L	plano (N II) $= 6/9$	Rdg ADD 7 6/9 — $= N$
	Binoc ADD		

MUSCLE BALANCE

Auto

R error.

L +1·00/ −0·75 x 153.

Add + 2.25 Ds

RETEST DATE

reads
Arabic.