RNAMES (Block Letters)	FIRST NAMES Sex FEMALS
ONE NUMBER	242032199
DRESS OR RESIDENTIA	TANTRA HILLS
CUPATION	MARITAL STATUS MARRIED DIVORCED SINGLE OTHER
EOFBIRTH AGE 12/63 54	PLACE OF BIRTH ANY ALLEGIC REACTION TO MEDICINE NKAWKAW
FIONALITY ANALAM	RELIGION DATE OF FIRST ATTENDANCE 9-9-16
JEXT OF KIN YUSTIWABAAY	ADDRESS OR PHONE No. OF NEXT OF KIN



INTERCATION LASER CENTRE

NAME Md. Janet Alanga CARD NUMBER: 13392
9/09/2016
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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 / 027-77:55354

NAME:					TEL HO	USE	WOR	.k		
ADDRESS:		,					OF BIRTH			
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SYMPTOMS & HISTOR	χΥ		OCCUPATION HUBBIES
EXTERNAL EXAMIN	ATION OPTHALMOSCOPY	F	IELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY Glizua Glgwa	SUBJECTIVE 6/R +0.50/-1. 6/L +0.75/-0. Binoc ADD		
MUSCLE BALANCE Auto R + 2.0 L + 2.3	Had+2. 0/-1.75×78 10/-1.75×9		RETEST DATE