

SURNAMES (Block Letters)

SEM

FIRST NAMES

DOMINIC

Sex

M

PHONE NUMBER.....

0242032269

ADDRESS OR RESIDENTIAL.....

CENTRAL REGION

Twifo praso

OCCUPATION

FARMER

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

AGE

27/5/1955

61

PLACE OF BIRTH

CENTRAL REGION

ANY ALLEGIC REACTION  
TO MEDICINE

NATIONALITY

HAANAIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

18/5/17

NEXT OF KIN

MR SEM

ADDRESS OR PHONE No. OF NEXT OF KIN

0271623467



# INTERSTAR EYE CLINIC & LASER CENTRE

NAME Sem Dominic

CARD NUMBER 16604

DATE 18/5/17

1/2 Blurred vision in RSE for 1yr.

Had R/L 40 yrs ago. Had subsequent surgery in RE after 1st procedure.

on Eas Eyegon and gutts. Normal Tears.

DM<sup>+</sup>, HPT<sup>+</sup>.

VR 6/60<sup>-2</sup> na, 6/36<sup>2</sup>  
6/9<sup>PH</sup>

VL 6/60<sup>3</sup>, 6/60<sup>2</sup>  
6/9<sup>PH</sup>

A  
20 19

⊙ - Ind - ⊙  
- Long -

Clear - Cornea - Clear

MS - AL - MS

Oral RAT - Pupils - R/L Oral

Prior - Lens - Prior

0.7 - CM - 0.7

Anterior

Retina R/L. Ret

Imp. 1. Bi pseudophakia  
2. Bupropion Pres

Plus

1. Gutt Jean Netroch BE
2. HVE C24-2 / ORT (Moula + RMTL)
3. See ~~24~~ 1/2

Aluf

16604.



# 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: interstareyeclinik@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
18-5-17	Dist	-3.00	-2.50	90		-5.00	<del>2.25</del>	140	
P.D. 69mm.	Inter						2.25		
	Read	+3.00				+3.00			

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION	GH¢	P
	full rim black FRAME <i>Suprimo</i>	250	
	LENSES <i>Photo 5/6</i>	480.00	
	COATING <i>Parcel fee</i>	20.00	
	SUNDRIES		

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	GH¢ 730.00
	VOUCHER	paid 18/5/17
	BALANCE	
	DEPOSIT	
	BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			29-5-17

SYMPTOMS & HISTORY		OCCUPATION HOBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
$\frac{6}{36}$ / $\frac{6}{60}$ /	6/R - 3.00 - 2.50 x 90 = 6/9 6/L - 5.00 - 2.25 x 140 = 6/9 Binoc ADD		R Rdg ADD 7.00 = N 8
MUSCLE BALANCE		RETEST DATE	
Auto R - 1.75 - 4.25 x 88 L - 6.00 - 2.25 x 140. Add + 3.00 Ds		JR	