

SURNAMES (Block Letters)  
ATSOMOR

FIRST NAMES  
PHILIP

Sex  
M

PHONE NUMBER..... 0208288918

ADDRESS OR RESIDENTIAL..... MICHELETTI ACO LTD  
BOX 281 CANTOMENTI

OCCUPATION  
DRIVER

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH	AGE
27/1962	55

PLACE OF BIRTH  
Volta

ANY ALLEGIC REACTION  
TO MEDICINE  
—

NATIONALITY  
GHANAIAN

RELIGION  
Christian

DATE OF FIRST ATTENDANCE  
29/8/17

NEXT OF KIN Mary	ADDRESS OR PHONE No. OF NEXT OF KIN 0208736474
---------------------	---



# 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 Kofu. E-mail: interstareyeclinic@gmail.com. Tel: 0302-783832 / 027-7755364

NAME: \_\_\_\_\_ TEL: \_\_\_\_\_ HOUSE: \_\_\_\_\_ WORK: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DATE OF TEST: \_\_\_\_\_ R \_\_\_\_\_ PRESCRIPTION GIVEN

	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
--	-----	-----	------	-------	-----	-----	------	-------

Dist.	Plur				Plur	-0.75	90	
-------	------	--	--	--	------	-------	----	--

Inter								
-------	--	--	--	--	--	--	--	--

Read	42.75				42.75			
------	-------	--	--	--	-------	--	--	--

PD: 60mm

HEIGHTS: R \_\_\_\_\_ L \_\_\_\_\_ MONO: R \_\_\_\_\_ L \_\_\_\_\_ BLANK: \_\_\_\_\_ TECH. SIG. CHECKED: \_\_\_\_\_

DISPENSING NOTES: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

FRAME: Select 19 \_\_\_\_\_ GH¢ \_\_\_\_\_ P \_\_\_\_\_

LENSES: Plur 4/2 1/4 \_\_\_\_\_ GH¢ \_\_\_\_\_ P \_\_\_\_\_

COATING: \_\_\_\_\_

SUNDRIES: \_\_\_\_\_

TOTAL: 964.580 ~

VOUCHER: paid 6/9/17

BALANCE: 380. ~

DEPOSIT: 200. ~

BALANCE: paid 29/8/17

PLEASE TICK: CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY: \_\_\_\_\_ CHECKED BY: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ DATE: 6/9/17

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/12m 6/12n	6/R $\infty$ 6/L plus 1-0.75 x 90 = 6/9 Binoc ADD		R L Rdg ADD 7.5/9 = N
MUSCLE BALANCE		RETEST DATE	
Add +2.25 DS R plano 1-0.25 x 90 L to 25/-1.00 x 113			



# CLINIC & LASER CENTRE

Philp Datsamor

17917

29/8/17

9/c Difficulty reading and seeing at night.

DM  $\phi$ , HPT  $\phi$ , not on any drops.

VR Glaze, NTPH

n 6/12us, NTPH

A  
10 12

Q - lid - M

Conj cyst - Conj -  
inferiorly  
Clear Cornea - Clear

no - Ale - no

ret - Spul - ret

Clear - lens - Clear

gofu

Bare spindled  
hyperpigmentation

Don't follow

Mildly raised disc.

- ~~Ale~~

- ~~lens~~

Bare spindled  
hyperpigmentation  
Don't follow

Exp 1. Retinitis Pigmentosa  
2. Refractive Error

Mr

1. Prescribe glasses
2. Cap Visioncare 1 daily.
3. See Intt Team Nambak 8/12
4. See 3/12

24-11-12 etc. For review

$V_R: G^{-4}$   
31

$V_L: G_{31}$

sem  
myelatomia +

o/e

Quit

u/p mind

my. RP

plan: 1. OCT - macula

2. VRT

3. test visioncare 1 dly x 3/12

4. Intt Team Nambak 8/12

5. See 1/12

W.A.