

SURNAMES (Block Letters)
NELSON - COFIE

FIRST NAMES
EDWARD

Sex
MALE

PHONE NUMBER..... 0277442355

ADDRESS OR RESIDENTIAL..... A 791/1 ANEAM MUNOO RD
Kope - Gonno

OCCUPATION
MARINE BIOLOGIST

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH 5 TH - 03 - 1967	AGE 50
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PLACE OF BIRTH
ACCRA

ANY ALLERGIC REACTION
TO MEDICINE
Not Very Sure

NATIONALITY
HAWAIIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
19/5/17

NEXT OF KIN Mrs Joyce Nelson-Cofie	ADDRESS OR PHONE No. OF NEXT OF KIN 0243177568
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INTER-STAR EYE CLINIC & LASER CENTRE

NAME: EDWARD NELSON-COFIE

CARD NUMBER: 16605

DATE: 19/5/17

q/c Progressive loss of vision in UB for yrs
Not on any medications.
Dm^φ, HPT^φ, Asthma^φ, sed^φ.

UR 6/18ue, 6/6pt R. c/o/mue
N. 7pt

○ - hnd - ○

- - - - -

Clear - Cornea - Clear

Mo - AIC - Mo

Rt - Pupils - Rt Poor dilatation

Clear - Lens - Coth

0.3 - CW - 0.45

Rh. Sh - Riba - Rh. Fl

Imp: BE Cataract
2 Refractive Error

✓ 1. Book LE C/E + PLEOZ
2. Discharge plan ABC, FBSS

Aluf



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: interstareyec clinic@gmail.com Tel: 0302-783832 / 027-7755354

NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST 19-8-17	R							
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
P.D. 67mm	Dist							
	Inter							
	Read							

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES			
	COATING			
	SUNDRIES			
TOTAL VOUCHER BALANCE DEPOSIT BALANCE				

PLEASE TICK
CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/1820 cf/mw	6/R - 2.25H, 00X180. = 6/ 6/L N II Binoc ADD		R Rdg ADD = N
MUSCLE BALANCE		RETEST DATE	
Add + 2.25 D <u>Auto</u> R - 2.00/-2.25 X 178 L 0.00			