

URNAMES (Block Letters)
ILI

FIRST NAMES
YAMINA

Sex
F

ONE NUMBER 0544444919
0249871243

ADDRESS OR RESIDENTIAL

OCCUPATION
~~STUDENT~~ MINOR

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
			<input checked="" type="checkbox"/>

DATE OF BIRTH	AGE
10/1/16	8 months

PLACE OF BIRTH
ACCRA

ANY ALLERGIC REACTION
TO MEDICINE

NATIONALITY
GHANIAN

RELIGION
MUSLIM

DATE OF FIRST ATTENDANCE
6/10/16

NEXT OF KIN ATI MOSE	ADDRESS OR PHONE No. OF NEXT OF KIN 0249871243
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INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Yamina Ali

CARD NUMBER: 13694

DATE: 8/10/2016

Age = 8 months, Female

C/O mschurft, redness, missip

right eye

VN - FFL

VL - FFL

O/E Iyeted conjunctiva ✓

✓ Cornea ✓

✓ Aque ✓

✓ pupil ✓

✓ Red reflex ✓

W: Conjunctivitis @ eye

@ n/o Allergic conjunctivitis or

Plan: @ At. To stop right eye PLO

@ At. Erythromycin 2% TID BE

See 1/2

Dr. Poraimal

3/11/16 Yn-FFL YL-FFL

eyes quiet

Plan: Ut - Epmcrim 2% T10 B6

See 4/12

Dr. Romanoff