

LAST NAMES (Block Letters)
AGYEI

FIRST NAMES
FELIX

Sex
M

PHONE NUMBER 0244825929

ADDRESS OR RESIDENTIAL A/304 MCCARTHY LN 10

OCCUPATION
CAR DEALER

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH	AGE
10/1988	28

PLACE OF BIRTH
Koforidua

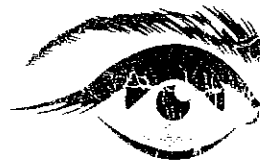
ANY ALLERGIC REACTION TO MEDICINE

NATIONALITY
GH

RELIGION
E/R

DATE OF FIRST ATTENDANCE
20/09/2016

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
Mother	0244868998



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Felix Agyei

CARD NUMBER: 13475

DATE: 20/09/2016

C. Twitching left upper and lower eyelids for
 $\approx 1/52$.

Asthma⁺, Allergies⁺, sed⁺.

VR 6/5-28

VR 6/5-28

But any PR then

1/603 - further 9/603

Plan

① Flarex tid

160

for 3/2

② Re hanc

Flarex

tid

160



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 / 027-7755354

NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R								PRESCRIPTION GIVEN			
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism			
20-9-16	Dist	-0.50				-0.25						
P.D. 65mm	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES			
	COATING			
	SUNDRIES			
PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>		TOTAL		
		VOUCHER		
		BALANCE		
		DEPOSIT		
		BALANCE		
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE	

SYMPTOMS & HISTORY

OCCUPATION
HUBBIES

EXTERNAL EXAMINATION OPHTHALMOSCOPY

FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY

SUBJECTIVE

ACCOMMODATION

6/5_u

6/R - 0.50 Dg

= 6/5 R

6/5_u

6/L - 0.25 Dg

= 6/5

Rd_g ADD 76/5^L
= N

Binoc ADD

MUSCLE BALANCE

RETEST DATE

Auto

R - 1.00 / - 0.25 X 164.

L - 0.75 / - 0.25 X 159.