

SURNAMES (Block Letters)
BOATENG

FIRST NAMES
AGNES

Sex
M

PHONE NUMBER.....0546696215

ADDRESS OR RESIDENTIAL.....TEMA

OCCUPATION
-

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
			WIDOWER

DATE OF BIRTH 05/19/44	AGE 72
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PLACE OF BIRTH
KUMASI

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
HANAIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
19/5/17

NEXT OF KIN RIC BOATENG	ADDRESS OR PHONE No. OF NEXT OF KIN 0244220966
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INTERSTAR EYE CLINIC & LASER CENTRE

NAME: AGNES BOATEA/G

CARD NUMBER: 76608

DATE: 19/5/17

9c Cloudy vision in BO for > 1 yr.
DM1P, HPT+ (on tabs) -

VR 6/36w, N2PH
6/60 gl

U 6/60w, 6/18PH
6/18 gl

Reaction - fine - reaction

under +ve - lens - send ev
interact
4/105 - fulcr - 4/105

TOP
20 16

plus

① N/L phaco + 10x

② FBS. 40x

③ R. Lens 2nd 10x

8x 4/10

SYMPTOMS & HISTORY		OCCUPATION HOBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION	
6/6 ^{3/4} 6/18 ^{1/2}	6/R plus (at 11) = 6/36 ^R 6/L -4.50/-1.25 x 90 = 6/18 ^L Binoc ADD	Rdg ADD 76/18 ^L = N	
MUSCLE BALANCE		RETEST DATE	
Auto R Error L -4.00/-1.50 x 109 Add +3.00 Dp			