

SURNAMES (Block Letters)
Boakyɛ

FIRST NAMES
Johnson

Sex
Male

PHONE NUMBER.....0245809158.....

ADDRESS OR RESIDENTIAL.....Kumasi.....

OCCUPATION
Trading PUPIL

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	child

DATE OF BIRTH	AGE
1/05/2011	6

PLACE OF BIRTH
Kumasi

ANY ALLEGIC REACTION TO MEDICINE

NATIONALITY
Ghaniana

RELIGION
Christian

DATE OF FIRST ATTENDANCE
5 September, 2017

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
Susana Boateng	0553752613



INTERSTATE EYE CLINIC & LASER CENTRE

NAME: Johnson BOAK-IE

CARD NUMBER: 18005

DATE: 5/09/17

Ch: Trauma + (LE hit by broom stick - 1 year ago)

occasional pain in LE for a while.

Surgery Ø

not on any drops for 3-4/12.

VR: 6/6uq

VL: PLae

A
12 02

Ⓟ - lid - Ⓟ
- Conj -
Ae - Cornea -

leucous adherens &
not symmetrical
corneal opacity
Descemet folds

Ae Ae - Ae
not - pupil - core
G.O.3 - Indus - No new

Imp: LE Early Phthisis Bulbi 2° Traumatic injury

1. Gutt Maximal LE tdx
2. See 3/12
3. Prosthetic polyacrylate lenses

Shp



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	R				PRESCRIPTION GIVEN			
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
5/9/17	Dist	Plane			Plane			
P.D.	Inter							
59mm	Read							

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION	GH¢	P
	full in carters FRAME L8018 4216128	80.~	
	LENSES photo SW	90.~	
	COATING		
	SUNDRIES		

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	att 170.~
	VOUCHER	paid 5/9/17
	BALANCE	
	DEPOSIT	
	BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			7/5/17