

URNAMES (Block Letters)  
OFFEIBEA

FIRST NAMES  
MARY

Sex

PHONE NUMBER.....0247 596357

ADDRESS OR RESIDENTIAL.....NSAWAM

OCCUPATION  
SEAMTRESS

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH 17/1994	AGE 22
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PLACE OF BIRTH  
NSAWAM

ANY ALLEGIC REACTION  
TO MEDICINE

NATIONALITY  
HAWAIIAN

RELIGION  
CHRISTIAN

DATE OF FIRST ATTENDANCE  
3 / 11 / 2016

NEXT OF KIN SALOMEY	ADDRESS OR PHONE No. OF NEXT OF KIN 050 4234147 NSAWAM
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# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mary Offeibea  
DATE: 3/11/2016

CARD NUMBER: 14045

% Blurred vision in LE for yrs.  
Told she needed c/o.  
DM<sup>+</sup>, HPT<sup>+</sup>, sed<sup>+</sup>, Asthma<sup>+</sup>

VR 6/9 unaided

marked  
(mydriasis) pupil

VR - R us

marked  
(chromatic mydriasis)  
① membranous cataract

A  
12 12

✓  
fundi

no view

plan: needs ① c/o + 102 with  
Guaranteed vision program



# 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 3-11-16.	R PRESCRIPTION GIVEN								
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
P.D. 59mm.	Dist								
	Inter								
	Read								

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	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
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SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/9u.s. Plus	6/R $+0.50/-0.50 \times 180$ = 6/5 6/L <u>Plano (N II)</u> = 6/5 Binoc ADD		R Rdg ADD L $> 6/5$ = N
MUSCLE BALANCE		RETEST DATE	
<u>Auto</u> R $+0.50/-0.50 \times 26$ L error			