

URNAMES (Block Letters)
AGGREY

FIRST NAMES
LINDA

Sex
FEMALE

PHONE NUMBER..... 0264 153380
..... 0204 111675

ADDRESS OR RESIDENTIAL..... c/o FUNICE OPARE AGGREY
..... P.F.C. BOX 40 TENA

OCCUPATION
AIRLINE OFFICIAL

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH	AGE
5/5/1985	30 YRS

PLACE OF BIRTH
TENA

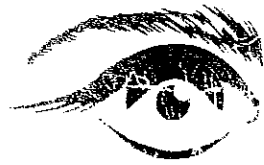
ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
GHANAIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
2/11/2010

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
ADRA AKOSUA AGGREY	0243 121 787



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Ms. Linda Aggrey
DATE: 2/11/2016

CARD NUMBER: 14034

C/E:- Tearing and redness in both eyes when using the PC; started abt 6 years ago.

pains⁺, tearing⁺, burning sensation⁺, itch (sometimes)
Hptn⁻, diabetes⁻, Asthma⁻, Sickle Cell (AA⁻)

V_R 6/5_{uc}

V_L - 6/5_{uc}

of E

normal - eyelid - normal
pigmented - conj - pigmented
TBUT ↓ - cornea - TBUT ↓

dlq - AC - dlq

brown - iris - brown

R/R - pupil - R/R

transparent - lens - transparent

clear - vitreous - clear

CR 0.4 - fundus - CR 0.4

A
14 14
at
1:40pm

Δ Dry Eyes
P

PLAN
Gutt Refresh Tears BE qid
To get photochromic/antireflective glasses
JL

2/10/18 CL: Pains in LE & tearing and redness
in BE for a long time - on and off.
Headaches, Itching, Discharge, Itching, Not on any drops

VR: 6/5_{ue}

VL: 6/5_{ue}

Seen

of

Diff. inflamed
pingueculum

Clear cornea

deep AK

rfa mild

0.3 cor 0.3

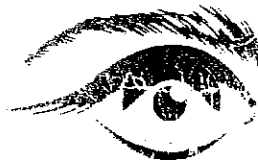
ref. LE inflamed pingueculum

PL. 1. Gutt FML - new blurry - LE

2. Gutt Refresh Tears blurry - BE

3. See 3/52

JK



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE: 14.03.18

R: Fr. revised. Still on drops.

V_R: 6/6m

V_L: 6/6m

Aleneal - Lid - none

Qeart - APS - Qeart

Qeart - pupil - Qeart

0.3 pupil - 0.3



RS

- 1) Qeart for Neo B E 2d
- 2) CT Refresh tears B E 2d
- 3) See for 1

92

Leung



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 Koffi. E-mail: interstareyeclinic@gmail.com Tel: 0302-783832 / 027-7755354

NAME: Ms. Linda Aggrey TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R PRESCRIPTION GIVEN								
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
2-11-2016	Dist	pl	-	-		pl	-	-	
P.D. 65mm	Inter								
	Read	-	-	-		-	-		

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES Pls dispense plano photo-Ax	DESCRIPTION		GH¢	P
	FRAME	full rim red. PL 8 IP 009 H7m	135	400.~
	LENSES	Photo-Ax PH	120.~	
	COATING			
	SUNDRIES			

TOTAL		GH¢ 520.~
VOUCHER		
BALANCE		
DEPOSIT		
BALANCE		

PLEASE TICK				
CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>		
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE	

+1 BT

R 6/36

L 6/24

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
R 6/5 -1 near L 6/5	6/R Plano 6/L Plano Binoc ADD		R = 6/5 L = 6/5 Rdg ADD = N
MUSCLE BALANCE Acho R: +0.00 / - 1.00 x 165 L: +0.25 / - 0.50 x 132			RETEST DATE