

URNAMES (Block Letters)
Ang Twi

FIRST NAMES
COMFORT

Sex
F

PHONE NUMBER... 020-38 3687705 / 0242-517928

ADDRESS OR RESIDENTIAL... C/o IRENE OKUSU-DINKSAH GHANA
POLICE SERVICE FLAGSTAFF HOUSE BE R.2

OCCUPATION
TRADER

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
	✓		

DATE OF BIRTH 19/57	AGE 65 yrs
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PLACE OF BIRTH
Kumasi

ANY ALLEGIC REACTION
TO MEDICINE
—

NATIONALITY
NANAIAN

RELIGION
christian

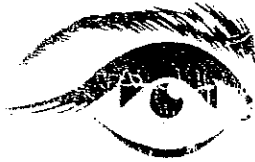
DATE OF FIRST ATTENDANCE
22-09-16

NEXT OF KIN Irene	ADDRESS OR PHONE No. OF NEXT OF KIN 0261609595
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er - (P) - 24/5/16

0273315869

2000/L



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE:.....

22-9-16

13490

9/c cloudy vision in ~~both~~ for 2 yrs. Had
RE 9/c 3 yrs ago. on Artificial tears.

DM⁺ (surg, ^{on} tabs), HT⁺ (on meds)

Last HbA_{1c} 4.6

VR 6/60 us, 6/18² pt ~ 6/60 us, 6/36 pt

(R) PCIOZ

(R) PCO

(L) NBS 2 cc,
PSC

✓ Pmti ✓

Men needs (R) Yag laser capsulotomy

(L) Cakmu-cphm

CT Teeml on

Dr Knueller

24-04-16

RE - LAG Post Collaboration

Pulse	Energy	Total Pulse	Total Energy
1	30	55	170

Plan

(1) T66000x

2nd
PCD

(2) Reken. T660

2nd
B3

See 2/52

Refractor + DBE

8-10-16 4c Review.

VR 6/12/19, 6/6-2 ptt.

VR 6/6/06, 6/30 ptt

Bul quote.

PCD - lens - meter f. psc
Collected

4/4/03. fules - 4/4/03

Plan

(1) Re Wsh T660
2nd
B3

(2) LAG - Pttars + 10



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							
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
22-9-16	Dist	-1.25			plano			
P.D. 66mm	Inter		8-10-16					
	Read	+3.00			+3.00			

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME			
	LENSES			
	COATING			
	SUNDRIES			
TOTAL VOUCHER BALANCE DEPOSIT BALANCE				

PLEASE TICK

CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE

8-10-16

Auto

R - 1.25 / - 1.00 x 128		OCCUPATION HUBBIES	
SYMPTOMS & HISTORY L - 1.00 / - 3.75 + 76.			
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
Subjective R - 1.25 DS 6/6 L Plano (N.E.) 6/60 7 6/6 J4			
OPHTHALMOSCOPY	SUBJECTIVE Add + 43.00 DS	ACCOMMODATION	
6/60us	6/R - 2.00 DS = 6/36	R L Rdg ADD > 6/36.	
6/60us	6/L Plano N.E. = 6/60 Binoc ADD	= N	
MUSCLE BALANCE	Add + 3.00 DS	RETEST DATE	
<u>Auto</u> R - 6.25 / - 2.25 x 49 L Error			