

SURNAMES (Block Letters)
SAM

FIRST NAMES
ADELAIDE

Sex
F.

PHONE NUMBER.....0245908029

ADDRESS OR RESIDENTIAL.....SWEDEN

OCCUPATION
CATERER

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH 10/02/86	AGE 30 YRS
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PLACE OF BIRTH
AGORA SWEDEN

ANY ALLERGIC REACTION
TO MEDICINE
NONE

NATIONALITY
HAWAIIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
22/09/16

NEXT OF KIN SOH AFRICAN	ADDRESS OR PHONE No. OF NEXT OF KIN 0208211441 / 0233123234
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INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Md. Adelaide Sam

CARD NUMBER: 13491

DATE: 22/09/2016

1/2 Blurred vision in BB for 5 yrs.

Asthma ϕ , SCD ϕ

NR 6/12u9, 6/5pt.

R 6/12u9, 6/5pt.

MM - Sea - quiet

PMdi ✓

Plan: Give glasses
at: Teem N. RETD
See 2/12

Dr. Brown

28/9/16

~~Recd~~

Complaints of burning sensation
on using Teem's Natural

no other complaints

Key

~ Refresh Tears BE SED

Sheneault
2

13491



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								PRESCRIPTION GIVEN			
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism			
22-9-16	Dist	Plan	-1.50	90		-0.75						
P.D. 63mm	Inter											
	Read											

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED
R	L	R	L			

DISPENSING NOTES	DESCRIPTION	GH¢	P
	FRAME	Full rim Purple Suprima	180.00
LENSES	Photo SLV	100.00	
COATING			
SUNDRIES			

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	GH¢ 280.00
	VOUCHER	28/9/16
	BALANCE	95.00 paid
	DEPOSIT	185.00 paid
	BALANCE	22/9/16

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			28/9/16

SYMPTOMS & HISTORY

OCCUPATION
HUBBIES

EXTERNAL EXAMINATION OPHTHALMOSCOPY

FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY

SUBJECTIVE

ACCOMMODATION

6/1248

6/R

plano / -1.50 x 90 = 6/

R

L

6/1248

6/L

-0.75 DS = 6/

Rdg ADD

= N

Blinoc ADD

MUSCLE BALANCE

RETEST DATE

Auto

R -0.25 / -1.25 x 101

L -0.75 / -0.25 x 147