

URNAMES (Block Letters)
ADAM

FIRST NAMES
KOFI

Sex
M

PHONE NUMBER.....
0200130794

ADDRESS OR RESIDENTIAL.....
AABUASI - WESTERN REGION

OCCUPATION
FARMER

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH	AGE
15/49	67

PLACE OF BIRTH
CENTRAL REGION

ANY ALLEGIC REACTION TO MEDICINE

NATIONALITY
GHANAIAN

RELIGION

DATE OF FIRST ATTENDANCE
01/11/2016

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mr. Kofi Adam

CARD NUMBER: 14019

DATE: 01/11/2016

% Blurred vision in BB for > 10yrs.

Diagnosed of glaucoma on Timolol bid BB.

Dm & HPT.

VR NPL

R. 6/18va, w IptH.

KeS
dilated - pupil - dilated

c/10957 - fulcr - 4d99

POP
32

plus
① Texel neck
B

Su 4/52

② Anabrine
trub
B



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			
1-11-16	Dist	Plano				+0.50	-0.75	90				
P.D. 67mm	Inter											
	Read	+3.00				+3.00						

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

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

PLEASE TICK
CASH ☐ CHEQUE ☐ CREDIT CARD ☐

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
N/R 6/18 us	6/R Plane 6/L $+0.50/-0.75 \times 90$ Binoc ADD		$= 6/1$ N/R Rdg ADD 7 $= N$
MUSCLE BALANCE		RETEST DATE	
Auto Add + 3.00 Rs R $+0.50/-0.75 \times 109$ L $+1.75/-1.75 \times 06$		5. phone	