

URNAMES (Block Letters)

BLANKSON

FIRST NAMES

ESTHER

Sex

F

✓

PHONE NUMBER.....

0276618041

ADDRESS OR RESIDENTIAL.....

MAMPROBI

OCCUPATION

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

AGE

01/31/86

31

PLACE OF BIRTH

MAMPROBI

ANY ALLERGIC REACTION
TO MEDICINE

NATIONALITY

HAWAIIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

29-8-17

NEXT OF KIN

ADDRESS OR PHONE No. OF NEXT OF KIN



INDIAN EYE CLINIC & LASER CENTRE

Blankson & other

17915

27-8-17

1/2 loss of vision in BS since 2007.

DM⁺, HPT⁺, SC⁺, Asthma⁺

VR NPL

R NPL

Ⓟ - bud - Ⓟ

- Long -

Cornea - Clear

AK - NO

Iris - Dil (Pharm)

Lens - Clear

Fundus - B, Pallor^H

A
12

Ankylo-
synblepharon

No new

1. LE Optic Atrophy

2. RE Ankylosynblepharon

Plan

1. Counselled

2. See Gutt Tears Nalva BE fid

3. See doc

Alp