

SURNAMES (Block Letters)  
KUDZE

FIRST NAMES  
PHILIP

Sex  
Male

PHONE NUMBER.....024-2944388.....

ADDRESS OR RESIDENTIAL.....ACCRA.....

OCCUPATION  
TEACHER

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH  
20/04/1955

AGE  
58

PLACE OF BIRTH

ANY ALLEGIC REACTION  
TO MEDICINE

NATIONALITY

RELIGION

DATE OF FIRST ATTENDANCE  
18/08/17

NEXT OF KIN KUDZE S.	ADDRESS OR PHONE No. OF NEXT OF KIN 0243905884
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# INTERSTAR EYE CLINIC & LASER CENTRE

NAME: KUNDU PHILIP  
DATE: 18/08/17

CARD NUMBER: 17779

CH: Poor vision in BE (REDS LE) for about 2 years  
to foreign body sensation and tearing.

DMF, UDT+ (1 1/2 years - not in RLB) - last BP: 130/60 mmHg

UR: CF@1mm, RLPH

UR: CF@3mm, 8/36 PH

Reaction - Pym - reaction

Typ 18 17  
matured Central - Lens - Anterior + RBL  
Central  
pow der - Jokers - 1/63

Plan

① RE 4/5 + 10/20

② FGS 1/10

③ R Tears  
2nd 1/5

in 4/5

SYMPTOMS & HISTORY		OCCUPATION HOBBIES	
EXTERNAL EXAMINATION OPTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
<i>cf 1m</i> <i>cf 3m</i>	6/R <i>NI</i> 6/L <i>NI</i> Binoc ADD		= 6/ <i>cf 1m</i> L Rdg ADD <i>cf 3m</i> = 6/ <i>cf 3m</i> = N
MUSCLE BALANCE			RETEST DATE
<i>Auto</i> <i>R - 4mm</i> <i>L - 4mm</i>			