

URNAMES (Block Letters)
Jordie

FIRST NAMES Mrs.
Susannah

Sex
F

PHONE NUMBER... 0547057 928

ADDRESS OR RESIDENTIAL... Box DS. 667 Dansoman Est.,
Accra

OCCUPATION
Nil

MARITAL STATUS			
MARRIED ✓	DIVORCED	SINGLE	OTHER

DATE OF BIRTH
- 143

AGE
73

PLACE OF BIRTH
Akwai Region

ANY ALLERGIC REACTION
TO MEDICINE
Sulphur

NATIONALITY
Ghanaian

RELIGION
Christian

DATE OF FIRST ATTENDANCE
6/10/2016

NEXT OF KIN
F.A. Wardie

ADDRESS OR PHONE No. OF NEXT OF KIN
0264271988



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: ~~Mr~~ Mrs. Suannah Wordie

CARD NUMBER: 13692

DATE: 6/10/2016

c/c Blurred vision in BE for 3/12. R > L.

HPT⁺ (4 yrs, on meds), DM^d.

UR c/c 2.5m ur
N-IPH

u 6/9 ur, N-IPH
6/9 ur

RAPD⁺ - PPR - reaction
- lens -

manly - fucus - ? smaller hole
Hole & trust

① CT → ② Simc c YMT
③ smaller hole c YMT

plan: needs VR sy (R) MMT
to pay WAG 6000 for oppr
for 6/1/16
Dr. Roman



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

6-10-16

P.D.

63mm

R

PRESCRIPTION GIVEN

	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
Dist								
Inter								
Read								

HEIGHTS

R L

MONO

R L

BLANK

TECH SIG.
CHECKED

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

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION	
$+0.25m$ vs $6/9$	6/R plano (N.L.) = 6/C $+0.50/-0.75 \times 90$ 6/L = 6/L Binoc ADD	$+0.25m$ Rdg ADD 7 6/9 = N	
MUSCLE BALANCE	Add +3.00 Ds Auto R to $-0.75/-1.50 \times 82$ L to $-25/-1.25 \times 85$		RETEST DATE 3/2