

SURNAMES (Block Letters)  
ABUBAKARI

FIRST NAMES  
ABIZA

Sex  
F

PHONE NUMBER.....0243 662579

ADDRESS OR RESIDENTIAL.....SCC - WEIJA

OCCUPATION  
TRADER

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
	✓		

DATE OF BIRTH  
11/1967

AGE  
48 (YRS)

PLACE OF BIRTH  
ACCRA

ANY ALLERGIC REACTION  
TO MEDICINE  
—

NATIONALITY  
ANATIAN

RELIGION  
MUSLIM

DATE OF FIRST ATTENDANCE  
8/09/2016

NEXT OF KIN BAATU I	ADDRESS OR PHONE No. OF NEXT OF KIN 0276886686
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# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Md. Adiza Abubakari

CARD NUMBER: 13344

DATE: 8/09/2016

c/c pain in BB for 3/12.  
Asthma<sup>+</sup>, sed<sup>+</sup>, HPT<sup>+</sup>, DM<sup>+</sup>. glasses<sup>+</sup> (2yrs)

UR Glau, Pls gl.  
papillae

UL - Glau, Pls gl

✓ cone ✓

✓ ml ✓

A  
18 18

am = 0.4<sup>+</sup> fundi am = 0.4

Wp: Allergic conjunctivitis

Plan: at. Epifence BE QID  
at. tears w BE QID  
See 3/12  
retrument + dispense

6/12/2016

%:- Pains in both eyes with burning sensation;  
started 2 wks

VR 6/6ua, 6/6 gl  
(refraction results)

VL 6/6ua

Bl/ lens Atmygrs

IP

16 1/4

gr 8/12

Plan

(-) FMC  
td 30

(I) Recheck eyes  
med. 30

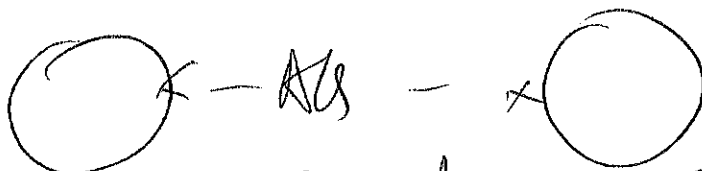
16/6/17 VR 6/6ua Plan

VL 6/6ua

% Severe pain i FMC so stopped after first day  
of instillation  
Comfortable i refered tears

% W Burning sensation

Dr



Ab: Gitt refered tear BE fed  
Gitt FMC BE fed

See 2/12 A



# 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			
8-9-16-	Dist	+0.50	-0.50	90		Plano						
P.D. 65mm	Inter											
	Read	+2.00				+2.00						

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 <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>					
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE		

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMÉTRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/59d 6/59l	6/R $+0.50/-0.50 \times 90$ = 6/5 6/L <u>Plano</u> = 6/ Binoc ADD		R Rdg ADD L $> 6/5$ = NS
MUSCLE BALANCE		RETEST DATE	
<u>Auto</u> $R +1.00/-0.50 \times 90$ $L +1.25/-0.50 \times 78$ <del>Add +2.00 DS</del>		J2	