

<b>URNAMES (Block Letters)</b> ARLO
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<b>FIRST NAMES</b> REGINA
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<b>Sex</b> F
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<b>PHONE NUMBER</b> .....0276089995 / 0246615869.....
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<b>ADDRESS OR RESIDENTIAL</b> .....RQ 21/41 RAILWAY QUARTERS..... TARKWA.....
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<b>OCCUPATION</b> STUDENT
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MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

<b>DATE OF BIRTH</b> JULY 98	<b>AGE</b> 18
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<b>PLACE OF BIRTH</b> NSUTA - WASSAW
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<b>ANY ALLEGIC REACTION TO MEDICINE</b> .....
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<b>NATIONALITY</b> TANZANIAN
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<b>RELIGION</b> CHRISTIAN
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<b>DATE OF FIRST ATTENDANCE</b> 20 <sup>th</sup> SEPT 16
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<b>NEXT OF KIN</b> Aunt MARY ARLO	<b>ADDRESS OR PHONE No. OF NEXT OF KIN</b> 0276089995
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# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Ms. Regina Amko

CARD NUMBER: 13476

DATE: 20/09/2016

c/c Blurred vision in BE for a while

Asthma<sup>+</sup>, SCD<sup>+</sup>

VR 6/36u, 6/9pt.

OR 6/36u, 6/9pt.

Bl Cong AP As

cy 03 - fucus - u/e 3

24  
14 - 12

See 4/12

Plan

⊖ 0684ue

13476.



# 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
20-9-16	Dist	-2.25				-2.25			
P.D. 62mm	Inter								
	Read								

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED
R	L	R	L			

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME	Full rim Brown Spectawear	300.00	
	LENSES	Photo ATR 8/v	160.00	
	COATING			
	SUNDRIES			

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	4460.00
	VOUCHER	paid 20/9/16
	BALANCE	
	DEPOSIT	
	BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			29/09/16

SYMPTOMS & HISTORY

OCCUPATION  
HUBBIES

EXTERNAL EXAMINATION OPHTHALMOSCOPY

FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY

SUBJECTIVE

ACCOMMODATION

Q/Yang  
6/6  
36u9.

6/R -2.25 DS = 6/9  
6/L -2.25 DS = 6/9  
Binoc ADD

R L  
Rdg ADD 7 6/9  
= N

MUSCLE BALANCE

RETEST DATE

Auto

R -2.25/-1.00 X95

L -2.25/-0.50 X86