

SURNAMES (Block Letters)

ANNAN

FIRST NAMES (BISHOP)

OBRAHA SEKI

Sex

M

PHONE NUMBER.....

0244296108

ADDRESS OR RESIDENTIAL.....

KASOA

OCCUPATION

(BISHOP)

REV MINISTER

MARITAL STATUS

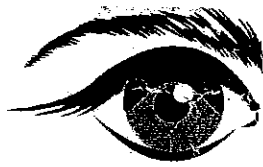
MARRIED

DIVORCED

SINGLE

OTHER

✓



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Annan Obrang Selgi

CARD NUMBER: 18780

DATE: 7-11-17

q/c. Blurred vision in BB for > yrs flashes in RB,
Itching and tearing in BB. Not on any drops.

DM 9, HPT 6

VR 6/12UR, 6/9OL
6/9PH

R 6/18UR 6/9OL
6/9PH

Exam

o/e

Quiet

WFL normal

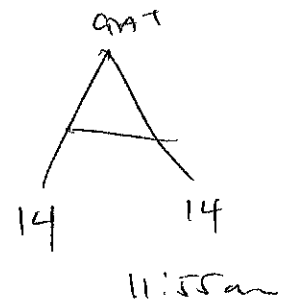
Co+ lens Co+
NR+ NR+

0.6 CDR 0.6

Shallow perle cups.

1<S:NT

1<S:NT



detected in

WFL: Bil cataracts

2. Glaucoma suspect

pl - 1. post prescribe glasses

2. Glaucoma assessment — OCT

VFT

CCP



INTER-STAR EYE CLINIC & LASER CENTER

18780

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	PRESCRIPTION GIVEN								
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
7-11-17	Dist	Plw	-1.25	90		Plw	-1.25	90	
P.D. 65MM	Inter								
	Read	+3.00				+3.00			

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES	uv 4f	130.00	
	COATING			
	SUNDRIES			

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	GH¢ 130.00
	VOUCHER	paid 20/11/18
	BALANCE	
	DEPOSIT	
	BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			1/10/18

SYMPTOMS & HISTORY

OCCUPATION
HUBBIES

EXTERNAL EXAMINATION OPHTHALMOSCOPY

FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY

SUBJECTIVE

ACCOMMODATION

6/9 gl

6/R

Plano -1.25 x 90

= 6/9

R

6/9 gl

6/L

Plano -1.25 x 90

= 6/9

Rdg ADD

74/9

= N 5

Binoc ADD

MUSCLE BALANCE

RETEST DATE

Auto
R

Add 3-00 DS

Plano -0.75 x 79

L +0.25/-1.25 x 102