

URNAMES (Block Letters)
ORANTENG KABUKIE

FIRST NAMES
ANITA

Sex
Female

PHONE NUMBER 0541451229
0541379938

ADDRESS OR RESIDENTIAL St. Michael's Complex School
P.O Box 30, A033 - Kpone - Tema

OCCUPATION
Student

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH	AGE
July 16, 1995	22

PLACE OF BIRTH
Kpone - Tema

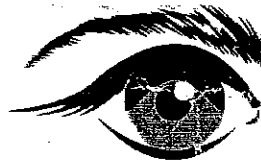
ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
Ghanian

RELIGION
Christian
Christian

DATE OF FIRST ATTENDANCE
October 23, 2017

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
Henry Koranteng Jnr	St. Michael's Complex School 0558-674495



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Koranteng Kabukie A

CARD NUMBER: 18565

DATE: 23-10-17

Gc: Pains in BE (LE & RE) for months now. FB sensations⁺⁺
 Itching⁺ (occasionally), Discharges⁺, redness⁺
 Headaches⁺ on Gutt Flarex ha BE x 5/7
 SCD⁺.

V R: 4/6 ue 4/6 gl

V L: 4/6 ue 4/6 gl

A
 18 18

① - Ind - ①
 ② - Log - x ②
 ↓ But Area ↓ But
 ME - A/E - ME
 RE - Pupl - RE
 Clea - Lem - Clea
 2003 - fundus - 20.3

Exp 1. Bil Early Phlyza
 2 Dry Eyes

1 Gutt Tears Natrole BE gel
 2 Gutt Flarex BE dot
 3 Lea 2/2 (next vac)

Shuf



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: interstareyec clinic@gmail.com Tel: 0302-783832 / 027-7755354

NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST		R							
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
23.10.17	Dist	-0.75				-0.50			
P.D. 62mm	Inter								
	Read								

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES			
	COATING			
	SUNDRIES			
PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL			
	VOUCHER			
	BALANCE			
	DEPOSIT			
	BALANCE			
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE	

SYMPTOMS & HISTORY		OCCUPATION HOBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/6 we	6/R - 0.75 DS = 6/L	R	L
6/6 we	6/L - 0.50 DS = 6/L	Rdg ADD	= N
	Binoc ADD		
MUSCLE BALANCE		RETEST DATE	
<u>Auto</u> R - 1.25 / - 0.25 x 110 L - 0.75 / - 0.25 x 49.			