

SURNAMES (Block Letters)

Ofori

FIRST NAMES

Gladys

Sex

female

PHONE NUMBER

0556903414

ADDRESS OR RESIDENTIAL

Accra - Kasoa

OCCUPATION

TRADER

MARITAL STATUS

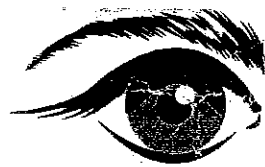
MARRIED

DIVORCED

SINGLE

OTHER

✓



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Ofon Gladys

CARD NUMBER: 18767

DATE: 6-11-17

Q: Burning Sensation, cobweb vision, discharges
in BE for about 2/12. specs &
difficulty reading near prints. DM & HPT
Thyphoid +

V_R: 6/6 ue

V_L: 6/6 ue

Seen

Unil

unimacula

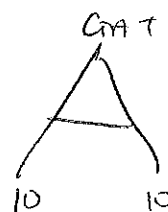
clear cornea

DM+

pink disc

O.I

ORA O.I



pl. hyp: ① Presbyopia

② chronic blepharitis 2° bacterial infect

pl. 1. Prescribe glasses

2. quit alcohol only

3. oc maxinol mlt

4. see 3/52

5. quit defish
tear only - for



INTER-STAR EYE CLINIC & LASER CENTER

8767

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			
06/11/11	Dist	+0.50	-0.50	90		+0.75	-0.50	90				
P.D.	Inter											
	Read	+1.75				+1.75						

HEIGHTS		MONO		BLANK	TECH SIG: CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
		Half rim steel section	90.00	
	LENSES	photo 8W	100.00	
	COATING			
	SUNDRIES			

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	GH¢ 190.00
	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	
96° ac 96° m	$6/R +0.50 / -0.50 \times 90 = 6/8$ $6/L +0.75 / -0.50 \times 90 = 6/8$ Binoc ADD	R L $Rdg ADD = N$	
MUSCLE BALANCE		RETEST DATE	
$R +1.00 / -1.25 \times 92$ $L +1.25 / -0.75 \times 100$		Does not read $+1.75 \times 05 \rightarrow 3.2$	