

SURNAMES (Block Letters)
WALKER

FIRST NAMES
BENJAMIN

Sex
M

PHONE NUMBER.....0244929200

ADDRESS OR RESIDENTIAL.....AGONA SWEDRY

OCCUPATION
R.T.D

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH
9/11/42

AGE
75

PLACE OF BIRTH
AGONA NNAKROM

ANY ALLEGIC REACTION
TO MEDICINE
NO

NATIONALITY
GHANAIAN

RELIGION
ECKIST

DATE OF FIRST ATTENDANCE
29-8-17

NEXT OF KIN
Mrs Baduwaah
Dante

ADDRESS OR PHONE No. OF NEXT OF KIN
0242455865



WALKER EYE CLINIC & LASER CENTRE

NAME Walker Benjamin

DATE 17-9-23

DATE 29-8-17

% Blurred vision in BE. L & R for yrs.
DM, HT, not on any drops.

VR 6/24^u, 6/18^{ph}.

VR PL up

A
21 19

⊙ - Ind. ⊙

/ - Conj. /

Clear - Cornea - Clear

OK - IOL - OK

OK - Pupils - OK

Post Post - Lens - OK

Q 0.4 Vision - No view

Exp: Bil Cataracts (LE Mature)

Dr

1. Book w/ C/E & P/O

2. fbe, fBS.

3. Gatt 1 year Natural BE fed.

Ag

SYMPTOMS & HISTORY		OCCUPATION HOBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/24us PL us	6/R +0.75/-1.50 x 80 6/L no I Binoc ADD		R Rdg ADD 7.6/12 =N
MUSCLE BALANCE			RETEST DATE
Auto Add +3.00 DS R +0.75/-3.75 x 81 L Error			35