

**SURNAMES (Block Letters)**  
DOGBATSE

**FIRST NAMES**  
JENNIFER

**Sex**  
FEMALE

**PHONE NUMBER** 0244 643878

**ADDRESS OR RESIDENTIAL** Box GP 1849, Accra

**OCCUPATION**  
RECEPTIONIST

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
MARRIED			

<b>DATE OF BIRTH</b> 16/1985	<b>AGE</b> 32yrs
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**PLACE OF BIRTH**  
ACCRA

**ANY ALLEGIC REACTION TO MEDICINE**

**NATIONALITY**  
GHANAIAN

**RELIGION**  
CHRISTIAN

**DATE OF FIRST ATTENDANCE**  
18/8/2017

<b>NEXT OF KIN</b> ANDREA DOGBATSE	<b>ADDRESS OR PHONE No. OF NEXT OF KIN</b> 0244 729819 / 0244 643878
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# INTERSTAR EYE CLINIC & LASER CENTRE

NAME JENNIFER DOGBATSE

CARD NUMBER 17781

DATE 18/08/17

1/0 Itching and redness in BE for 2/yr. Blurred vision in BB. Astigmat, sed 1/6

UR 6/5ue

n 6/5ue

BL Any nsa rls

1/04 - fucus - 1/04

12 14  
13

Plus

1/0 Fmc sed 1/6

for 4/5ue

1/0 postural sed 1/6

1/0 Itching (BE)

Not on any medication

14/8/18

6/6

Vm

6/6

Ant seg - Papillae (+)

Furrows - (N)

Imp: Allergic conjunctivitis

Adv

Refresh tears e/d  
4 times/day x 1 mth

Olopatadine e/d  
2 times/day x 1 mth

Review in 1 mth.

3-9-18

90: Pain, Burning Sensation and discharge upon (R.E) awakening. Eyelids were swollen this morning. Symptoms started with just itching and progressed to Pain and discharge about a week ago.

SHx: Applied some medication given to her kids with same symptoms

VR

↳ ? Restart

6/Sun

VL

6/Sun



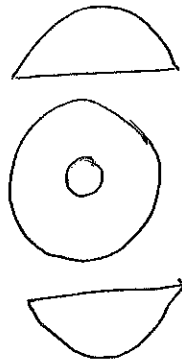
## INTERSTAR EYE CLINIC & LASER CENTRE

NAME: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

chemosis  
cornea  
clear



lid edema  
conjunctival  
congestion

(N)

(N)

Fundus

(N)

Adv

- Tab Levocetizine  
one daily x 3 day
- Tobradex e/d (RE)  
4 times / day x 1 week
- continue Opatadine e/d  
(BE) Refresh tears e/d
- Review in 1 week.

17781



# INTER-STAR EYE CLINIC & LASER CENTER

Loc: 10th Lane H/No. F764/1 Otu, RE Accra, Old American Embassy Road, Opposite  
Buka Restaurant Near Citizen Kofi. E-mail: interstareyeclinik@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
18-8-17	Dist	Plw				Plw	-050	90	
P.D. 68mm	Inter								
	Read								

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION	GH¢	P
	FRAME <i>Fullvin Brown</i>		
	LENSES <i>Suprimo</i>	<i>250</i>	
	COATING <i>Photo AIR SN</i>	<i>260</i>	
	SUNDRIES		

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	<i>510ghc</i>
	VOUCHER	
	BALANCE	<i>160</i>
	DEPOSIT	<i>350 nationwide</i>
	BALANCE	<i>18/8/17</i>

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
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SYMPTOMS & HISTORY	OCCUPATION HOBBIES
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EXTERNAL EXAMINATION OPTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC
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OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
6/5 <sub>u</sub> 6/5 <sub>3</sub>	6/R <i>Plano</i> 6/L <i>Plano</i> - 0.50 x 90 Binoc ADD	= 6/5 <sup>PR</sup> Rdg ADD 7 6/5 = N

MUSCLE BALANCE	RETEST DATE
<i>Auto</i> <i>R +1.25/-0.50 x 59</i> <i>L +1.75/-0.50 x 123</i>	