

NAMES (Block Letters)
LARSEY

FIRST NAMES
EMMANUEL A.

Sex
M

ONE NUMBER.....0243336421

DRESS OR RESIDENTIAL.....LA

CUPATION
CAPENTRY

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH
1/1971

AGE
44 YRS

PLACE OF BIRTH
ACCRA

ANY ALLEGIC REACTION
TO MEDICINE
—

NATIONALITY
HAWAIIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
20/09/2016

NEXT OF KIN ELAIDE LARSEY	ADDRESS OR PHONE No. OF NEXT OF KIN LA - 0243 145856
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INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mr. Emmanuel A. Larsey

CARD NUMBER: 13469

DATE: 20/09/2016

% Difficulty reading small print for >1yr
DM⁺, HPT⁺, scd⁺, Asthma⁺.

OR 6/5ua.

R. 6/9ua.

A
20 20

✓ Lid ✓

✓ Conjunctiva ✓

✓ Cornea ✓

✓ IOL ✓

✓ pupil ✓

✓ lens ✓
✓ fundi ✓

Mr. Nephthys error

Plan: Give glasses

Dr. Bonni



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 Kofl. 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
20-9-16		Dist +10.75				+10.75			
P.D.		Inter							
66mm		Read +11.75				+11.75			
HEIGHTS		MONO		BLANK		TECH SIG. CHECKED			
R	L	R	L						
DISPENSING NOTES		full n w Black & brown FRAME Transmitt LENSES uv b/f COATING SUNDRIES						GH# 120 ~ P 150 ~	
PLEASE TICK		TOTAL						2nd 270. ~	
CASH <input type="checkbox"/>		VOUCHER						paid 3/10/16	
CHEQUE <input type="checkbox"/>		BALANCE						70. ~	
CREDIT CARD <input type="checkbox"/>		DEPOSIT						200. ~ paid	
		BALANCE						20/9/16.	
DISPENSED BY		CHECKED BY		RECEIVED BY		DATE			
						3/10/16			

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/5u	6/R +0.25	= 6/5 R	Rdg ADD 76/5 = N 5
6/9u	6/L +0.75 Binoc ADD	= 6/5	
MUSCLE BALANCE			RETEST DATE
<u>Auto</u> Add +1.75 DS R +1.50/-0.75x82 L +1.25/-0.25x76.			Fr