

URNAMES (Block Letters)
MOHAMMED

FIRST NAMES
ABAMU

Sex
M

PHONE NUMBER..... 0244 413933 / 0571488802
(MR. ALI)

ADDRESS OR RESIDENTIAL..... ASHAIMAN

OCCUPATION
PUPIL

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH 5/2001	AGE 15 YRS
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PLACE OF BIRTH
TEMA

ANY ALLEGIC REACTION
TO MEDICINE
—

NATIONALITY
HAWAIIAN

RELIGION
ISLAM

DATE OF FIRST ATTENDANCE
10/09/2010

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
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INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Adamu Mohammed

CARD NUMBER: ~~13380~~ 13380

DATE: 10/9/2016

% Blurred distance vision in BE for a while.
occasional burning sensation in BB.

UR 6/5²

LR 6/5²

Quiescent - ALs - Quiescent

RIR Pupil - RIR

0.3

Fundus - 0.3

Plan 2 myopia, 0.3

Call Refresh Tears BE 200
See in 6/52.

Changsan



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: 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
10-9-16	Dist								
P.D. 64mm	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 TONOMÉTRY COLOUR ETC.	
<p><i>Hold on dispensing until after treatment</i></p>			
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION	
<i>6/5-2m</i> <i>6/5m</i>	6/R <i>plano / -0.25 x 180</i> = <i>6/5</i> 6/L <i>plano</i> = <i>6/5</i> Binoc ADD	R Rdg ADD <i>7/6/5</i> L = N	
MUSCLE BALANCE		RETEST DATE	
<i>Auto</i> <i>R -0.25 / -0.50 x 20</i> <i>L -0.25 / -0.50 x 155</i>			