

URNAMES (Block Letters)
WIAFE

FIRST NAMES
MAAME KONAOU

Sex
F

PHONE NUMBER 027 7419258, 0244 484315

ADDRESS OR RESIDENTIAL 389 HILL CITY ESTATES, AKUA BERMAR
ROAD, BEREKUSU, COMET HILL SIDE

OCCUPATION
STUDENT

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH	AGE
12/04	11 YEARS 10 MONTHS

PLACE OF BIRTH
KUMASI

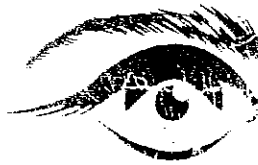
ANY ALLERGIC REACTION
TO MEDICINE

NATIONALITY
GHANAIAN

RELIGION
CHRISTIANITY

DATE OF FIRST ATTENDANCE
6/10/16

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
ABA WIAFE	SAME ADDRESS, 027 7419258, 0244 484315



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Maame Konadu Wiafe

CARD NUMBER: 13697

DATE: 6/10/2016

cl:- Headaches at the frontal and pain in the left eye when she turns the head. Foreign body sensation in both eyes. started "quite a while ago".

tearing⁺, burning sensation⁺, itch⁺.

Asthma⁺, Sickle Cell -

V_R 6/6 uc

V_L 6/6 uc

✓ Lid ✓

injected papillae

conjunctivitis

injected papillae

clear cornea clear

✓ Alc ✓

✓ pupil ✓

hp: Allergic conjunctivitis

✓ lens ✓

✓ fundi ✓

See 6/52 Plan: alt. retest at BE BD x @ month
alt. laser at BE BD x @ month

Dr. Brinmal

13.01.18 Q_{12} : For review. Difficulty reading & handwriting at end of 40.

V_R : 6/6ue

V_L : 6/6ue

sem
0/5

Quiet

clean curves

deep AC

Mu mixed

0.2 disc 0.2

ph. 11 Disruptive glasses

2. Dec 4/52

DL

$\frac{27-12-18}{fw}$ % $> \frac{18}{14}$ Susceptor, Hells in 150

V_R 6/6/92

V_L 6/6/92

But Comy 199 192

$C/6.3$ - fulms - 4.63

NCT
16 15

plan

① Fine - $100 \frac{1}{5}$

for 4/52

② Rehistat $100 \frac{1}{5}$
③ Rehistat



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: Maame Konadu Wiafe.

TEL HOUSE _____

WORK _____

ADDRESS: _____

DATE OF BIRTH _____

DATE OF TEST

12.6.2011

R

PRESCRIPTION GIVEN

	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
Dist	<u>+0.50</u>				<u>+0.50</u>			
Inter								
Read								

P.D.

67 mm

HEIGHTS

R L

MONO

R L

BLANK

TECH SIG.
CHECKED

DISPENSING NOTES

FRAME

DESCRIPTION

GH¢ P

LENSES

COATING

SUNDRIES

TOTAL

VOUCHER

BALANCE

DEPOSIT

BALANCE

PLEASE TICK

CASH ☐

CHEQUE ☐

CREDIT CARD ☐

DISPENSED BY

CHECKED BY

RECEIVED BY

DATE

13.01.18 Auto $\begin{matrix} -1.257 & -0.25 \times 138 \\ -1.257 & -0.50 \times 163 \end{matrix}$

Subject 96R Plano 6/6
 96L Plano 6/6

bogging from +2.25 D SYMPTOMS & HISTORY 96R to 50 6/6 96L to 50 6/6		OCCUPATION 6/6 HUBBIES
EXTERNAL EXAMINATION OPHTHALMOSCOPY R - 0.25 DS 6/6 L - 0.25 DS 6/6		FIELD TONOMETRY COLOUR ETC. 6/6 Patient didn't accept the cyl.
OPHTHALMOSCOPY R 6/6 L 6/6	SUBJECTIVE 6/R - 0.25/-0.50 x 180 = 6/6 6/L - 0.25/-0.50 x 180 = 6/6 Binoc ADD	ACCOMMODATION R 6/6 L 6/6 Reg ADD = N
MUSCLE BALANCE Auto R - 0.25/-1.00 x 0 L - 0.25/-1.50 x 170.		RETEST DATE



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NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R								PRESCRIPTION GIVEN			
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism			
27-12-18	Dist	+0.50	-0.50	180		+0.50						
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 HUBBIES
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
$6/5_{gc}$ $6/5_{gc}$	$6/R +0.50/-0.50 \times 180 = 6/5$ $6/L +0.50$ Binoc ADD $= 6/5$	R L Rdg ADD $6/5$ $= N$
MUSCLE BALANCE		RETEST DATE
<u>Auto</u> $R: plano / -0.50 \times 3$ $L: +0.75 / -0.25 \times 168$		