

SURNAMES (Block Letters)

MENSAH

FIRST NAMES

COMFORT

Sex

F

PHONE NUMBER.....

0548644007

ADDRESS OR RESIDENTIAL.....

ABURI

OCCUPATION

STUDENT

MARITAL STATUS

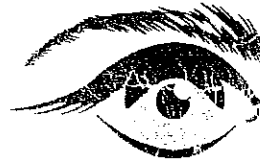
MARRIED

DIVORCED

SINGLE

OTHER

✓



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Ms. Comfort Mensah

CARD NUMBER: 13340

DATE: 13340 8/9/2016

C. Itching in BB for a while. pain<sup>+</sup>, tearing<sup>φ</sup>  
redness<sup>φ</sup>, Difficult reading.  
Allergies, sed<sup>φ</sup>.

VR 6/6<sup>ua</sup>

VR 6/5<sup>ua</sup>

papillae OU

nasal ✓  
mailed ✓  
mailed ✓  
mailed ✓

Wp: Allergic conjunctivitis

see 1/2 plan: MA. patanol BE BD  
Dr. Brainerd

7-10-16.

P/c :- Review

Itch in both eyes.

V<sub>R</sub> 6/6 ua

V<sub>L</sub> 6/6 ua

BU Any red  
and fever too

plan

① flu - red  
tred  
BU

for 6/2

② ptalal bed  
BU



# 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			
8-9-16	Dist											
P.D. 68mm	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.	
unreliable responses. Refraction next test			
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/6 un	6/R	N 12	= 6/6 B
6/5 un	6/L	N 12	Rdg ADD 7/6 L
	Binoc ADD		= 6/8 = N
MUSCLE BALANCE			RETEST DATE
<u>Auto</u> R -0.50/-1.00 X 166 L +0.50/-0.50 X 9.			