

URNAMES (Block Letters)
ANNOR

FIRST NAMES
PAUL

Sex
MALE

PHONE NUMBER..... 0244-439451 0275-134818

ADDRESS OR RESIDENTIAL..... B. 3218/31 Lopez-New-Mgr-
Inet

OCCUPATION
Trader

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH
5/3/74

AGE
43

PLACE OF BIRTH
Korke-bu

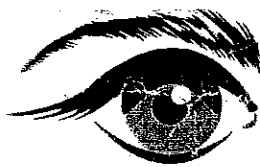
ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
Chadian

RELIGION
Christian

DATE OF FIRST ATTENDANCE
26/9/2017

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

NAME: Paul Amador

CARD NUMBER: 18235

DATE: 26-9-17

o/c. Blurred vision in BE for a while. Gotten worse in past month. R > L. ON Dextopic-AL.
DM ϕ , HPT ϕ .

VR 6/9w

VR 6/5w

A
18 16

② - Ed - ①

Long

Long

R - AL - AL

AL - Right AL

PSIO⁺ - Len - AL

q_{30.3} - Fudm q₀₇

HR

Exp 1. RE Cataract - Bio

1. Book RE CLE & PCR

7 FBC, FBS

7 Cult Scan Nucleic BE rd

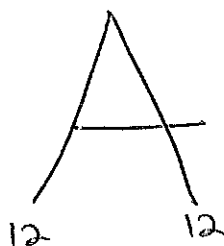
AP

25-07-18 L: Blurry vision in Far view.

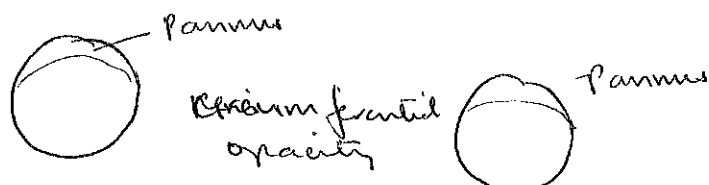
$V_R: 6/24_{uc} \quad 6/12_{pt}$ $V_L: 6/6_{uc}$

Seen

of



distal OD
→



clear central
curves

deep AC

npa present

PSCT+ clus NT+
CO+

0.4 cor 0.3

wp: NE pre-senile cataract

PL: for NE of +pcin

a. please bak.

Wilk



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							
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
26-9-17	Dist							
P.D. 73mm	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/R	Plano (w/I) = 6/9		R
6/L	Plano = 6/5		L
	Binoc ADD		Rdg ADD 76/5
MUSCLE BALANCE		RETEST DATE	
Auto R Error L Plano - 0.25 x 1		Add +1.75 Ds In	