

URNAMES (Block Letters)  
AORNEY

FIRST NAMES  
WISDOMA

Sex  
MALE

PHONE NUMBER 0244 - 375 - 462

ADDRESS OR RESIDENTIAL ADEWTA

OCCUPATION  
BUSINESSMAN

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH  
-08-1964

AGE  
52

PLACE OF BIRTH  
HOHOE

ANY ALLEGIC REACTION  
TO MEDICINE

NATIONALITY  
ANAMAN

RELIGION  
CHRISTIAN

DATE OF FIRST ATTENDANCE  
6-10-16

NEXT OF KIN INSCILA	ADDRESS OR PHONE No. OF NEXT OF KIN 0566-301-109
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# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mr. Wisdom Morney

CARD NUMBER: 13704

DATE: 6/10/2016

c/c:- Cannot read small prints. Pains around the eyes after  
tearing<sup>+</sup>, itch<sup>-</sup>, burning sensation, pain<sup>+</sup>  
Asthma<sup>-</sup>, diabetes<sup>-</sup>, hptn<sup>-</sup>, Sick cell<sup>-</sup>

V<sub>R</sub> 6/4.5 ua.

V<sub>L</sub> 6/4.5 ua

papillae ✓ Lid ✓  
conjunctivae papillae

✓ cornea ✓

✓ A/c ✓

A 12 12

✓ pupil ✓

✓ lens ✓

AM=0.6 fudi AM=0.6

W:- Allergic conjunctivae  
prel synopia

see 2/52. Plan:- ut. paracetamol BE BD  
at. Tears Natural BE QID  
eye glasses Mr. Bonnell



# 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: Mr. Wisdom Morrey TEL HOUSE \_\_\_\_\_ WORK \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DATE OF TEST	R				PRESCRIPTION GIVEN				
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
6-10-2016	Dist	Plano				plano			
P.D.	Inter								
56 mm	Read	+2.00DS				+2.00DS			

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES		DESCRIPTION		GH¢	P
		FRAME			
		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		

+1 Blur Test

V<sub>R</sub> 6/24

V<sub>L</sub> 6/24

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
V <sub>R</sub> 6/4.5	6/R	Plano	<div style="display: flex; justify-content: space-between;"> <span>R</span> <span>L</span> </div> <div style="text-align: center;">             Rdg ADD 6/4.5 = N           </div>
V <sub>L</sub> 6/4.5	6/L	Plano Binoc ADD	
MUSCLE BALANCE		ADD +2.00DS	N.5 RETEST DATE
Auto R +0.25/-0.25 x34 L +0.50/-0.25 x173			