

SURNAMES (Block Letters)
YUSSIF

FIRST NAMES
SAWDA

Sex
FEMALE

PHONE NUMBER.....0246254123.....
.....

ADDRESS OR RESIDENTIAL.....
.....

OCCUPATION
BUSINESS WOMAN

| MARITAL STATUS | | | |
|-------------------------------------|----------|--------|-------|
| MARRIED | DIVORCED | SINGLE | OTHER |
| <input checked="" type="checkbox"/> | | | |

DATE OF BIRTH
05/05/1966

AGE
50

PLACE OF BIRTH
VOLTA REGION

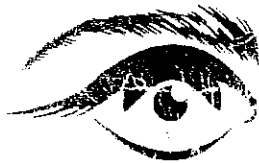
ANY ALLEGIC REACTION
TO MEDICINE
No

NATIONALITY
GHANEAN

RELIGION
MUSLIM

DATE OF FIRST ATTENDANCE
11th NOV. 2016

| | |
|------------------------------|---|
| NEXT OF KIN FATHER YUSSIF | ADDRESS OR PHONE No. OF NEXT OF KIN 0246254123 |
|------------------------------|---|



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Md. Sawda Yussuf

CARD NUMBER: 14163

DATE: 11/11/2016

% Dizziness when viewing objects. Occasional double vision. Had a stroke 7 yrs ago.

DM^φ, HPT⁺ (4 yrs, on meds), Asthma^φ.

VR 6/9m

R 6/9m

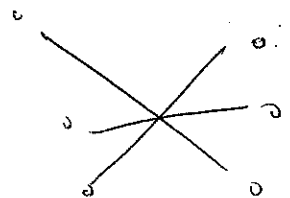
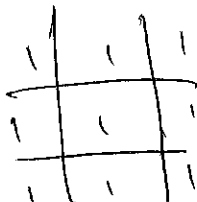
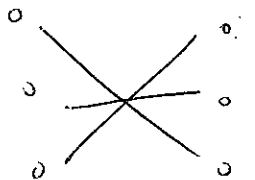
Binasal diplopia

never determined if diplopia is abolished with by closing one eye

BP has been normal for a year now.

NO-sided CVA ≈ 7 years ago.

of:



o

②

did ②

white

→ white

clear

Arms clear

deep Ac deep

| detailed (catoptric) | mm | detailed (catoptric) |
|-------------------------|--------|-------------------------|
| not | len | not |
| 0.4 | chr | 0.4 |
| ② | film | ② |
| ③ | verses | ③ |

hyp. diplopia ? cause
 resolved CVA (at-angled)

plan. see monitor with CT scan report

[Signature]

17-11-2018

c/c: Review

V_R 6/buc

OU Pterygia

V_L 6/buc

MR- Seq - mict

✓ find ✓

all refresh tears be PID.
 plan: give glasses.

see 3/12

Dr. Boranias



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 | | | |
| 11-11-16 | Dist | Plano | -0.75 | 180 | | Plano | -0.75 | 180 | | | | |
| P.D. 71MM | Inter | | | | | | | | | | | |
| | Read | +2.25 | | | | +2.25 | | | | | | |

| HEIGHTS | | MONO | | BLANK | TECH SIG. CHECKED |
|---------|---|------|---|-------|----------------------|
| R | L | R | L | | |
| | | | | | |

| DISPENSING NOTES | DESCRIPTION | GH¢ | P |
|------------------|------------------------|-----|---|
| | FRAME PLD 2P 005 6MMBS | 400 | ~ |
| | LENSES 4V 614 | 150 | ~ |
| | COATING | | |
| | SUNDRIES | | |

| | | |
|---|---------|------------|
| PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> | TOTAL | 550.~ |
| | VOUCHER | 5/12/16 |
| | BALANCE | 350.0 paid |
| | DEPOSIT | 200.0 paid |
| | BALANCE | 150.0 |

| DISPENSED BY | CHECKED BY | RECEIVED BY | DATE |
|--------------|------------|-------------|---------|
| | | | 5/12/16 |

| | | | |
|---|---|-----------------------------|--|
| SYMPTOMS & HISTORY | | OCCUPATION HUBBIES | |
| EXTERNAL EXAMINATION OPHTHALMOSCOPY | | FIELD TONOMÉTRY COLOUR ETC. | |
| OPHTHALMOSCOPY | SUBJECTIVE | | ACCOMMODATION |
| <i>Chua</i> <i>6/9ms</i> | 6/R <i>Plano - 0.75 x 180 = 6/5</i> 6/L <i>Plano - 0.75 x 180 = 6/5</i> Binoc ADD | | R L Rdg ADD <i>7 6/5</i> = N <i>5</i> |
| MUSCLE BALANCE | | RETEST DATE | |
| <i>Ante</i> <i>Add + 2.25 D</i> R <i>+0.50 / -0.25 x 171</i> L <i>+0.50 / -1.00 x 14</i> | | <i>32</i> | |