

URNAMES (Block Letters)
DARKO

FIRST NAMES
ANGELA

Sex
F

PHONE NUMBER 0267602071

ADDRESS OR RESIDENTIAL KP 314/2 Nyananyo Kasoa

OCCUPATION
STUDENT

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH
06/96

AGE
20

PLACE OF BIRTH
ACCRA

ANY ALLERGIC REACTION
TO MEDICINE
NO

NATIONALITY
GHANESE

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
13th September 2016

NEXT OF KIN
ERIC DARKO

ADDRESS OR PHONE No. OF NEXT OF KIN
0244667975



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Ms. Angela Dartro

CARD NUMBER: 13395

DATE: 13/09/2016

1/2 Blurred vision in BE for a while.

seeing black spots in vision for 2yrs.

occasional flashes of light.

asthma, sed.

VR 6/5ne

VR 6/5ne

AM - seq - quiet

A
16 16

(BBE)

✓ ✓
am=0.5

am=0.5

See 6/52 Plan: observe

Dr. Branda

25-10-16 % Reviews.

VR 6/5-2_{as}

n 6/5-1_{as}

MSE

AM - seq - quilt

✓ PMd ✓

plan: all newell TEENS BE⁰²TID

see 1/2

MR Bismillah



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			
13-9-16	Dist	Plano				Plano						
P.D. 65mm	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

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

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMÉTRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/5u	6/R	plano = 6/5	R
6/5u	6/L	plano = 6/5	Rdg ADD 7/6/5
		Binoc ADD	= N
MUSCLE BALANCE			RETEST DATE
<u>Auto</u> R - 0.50 - 0.25 X 132 L - 0.75 - 0.25 X 16			