

URNAMES (Block Letters)

BDUL LATIF

FIRST NAMES

YAASIR

Sex

M

PHONE NUMBER..... 0275696125 - MUM

0277739680 - DAD

ADDRESS OR RESIDENTIAL..... ADJEN KOTO KY

OCCUPATION

UPIL

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

DATE OF BIRTH

10/08

AGE

8 YRS

PLACE OF BIRTH

ACCRA

ANY ALLERGIC REACTION
TO MEDICINE

NATIONALITY

GHANESE

RELIGION

ISLAM

DATE OF FIRST ATTENDANCE

19/09/2016

NEXT OF KIN

BY ABUBAKARI

ADDRESS OR PHONE No. OF NEXT OF KIN

0275696125 / 0548370863



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Yousir Abdul Latif

CARD NUMBER: 13458

DATE: 19/09/2016

C/c pain and itching in BE for a while
Allerg^{ic}, Sed^{ative}.

VR 6/36va, 6/18pt. R 6/36va, 6/18pt

BU Any pap rx

4/103 - fucus - 4/103

Plan

① Relieve
bad
BE

② Fluorescein
20/100

28-10-2016

c/c :- Review,

$V_R \frac{6}{12} gl$

$V_R \frac{6}{18}^{-1} gl.$

100 compliant.

7/2

Quiet - ABS - Quiet
Reactive - Pupil - Reactive

Plan

1. Call Refresh Team BE 8/10

See in 2/12

Cheney

13-1-17.

c/c :- Review - no compliant

$V_R \frac{6}{12}^{+2} gl$

$V_L \frac{6}{18} gl$

Pass 1.1d - pass

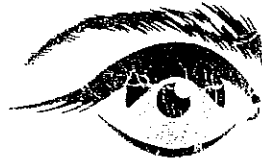
Quiet ABS - Quiet

Reactive pupil - reactive

Plan

2. Call Refresh Team BE 8/10

See in 2/12



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 10/3/17

c/c: No Review Complaints

V_R 6/12 H
gl

V_L 6/18 gl

Bl Cony 090 174

H - ortho plus

H - "

Conv fort. 200 Mm Na

Edm - normal

Man

① fmc 2nd

BE

② Relistat

6d

BE

See 2/12

18458



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			
19-9-16	Dist	+4.00	-1.00	180		+3.00	-1.00	160				
P.D. 57mm	Inter											
	Read											

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED	
R	L	R	L				

DISPENSING NOTES	DESCRIPTION	GH¢	P
full rim BKN	FRAME L8020 47 14 128	80.00	
	LENSES Photo SLV	100.00	
	COATING		
	SUNDRIES		

Spectacle cord att 5.00 paid 23/9/16	TOTAL	444.00
	VOUCHER	23/9/16.
	BALANCE	95.00 paid
	DEPOSIT	85.00 paid
	BALANCE	19/9/16.

PLEASE TICK

CASH ☐

CHEQUE ☐

CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			23/9/16

19-9-16
cycloAuto

R +12.00/-1.25 X 178

<p>SYMPTOMS & HISTORY</p> <p>L +12.00/-1.00 X 166</p> <p><u>Subjective</u></p>	<p>OCCUPATION HUBBIES</p>
--	-------------------------------

<p>EXTERNAL EXAMINATION OPHTHALMOSCOPY</p> <p>R +4.00/-1.00 X 180 6/18</p> <p>L +3.00/-1.00 X 160 6/18</p>	<p>FIELD TONOMETRY COLOUR ETC.</p> <p>76/18</p>
--	---

<p>OPHTHALMOSCOPY</p> <p>6/36us</p> <p>6/36us</p>	<p>SUBJECTIVE</p> <p>6/R +3.50/-1.00 X 180 = 6/18</p> <p>6/L +3.00/-1.00 X 160 = 6/18</p> <p>Binoc ADD</p>	<p>ACCOMMODATION</p> <p>R</p> <p>Rdg ADD 76/18</p> <p>= N</p>
---	--	---

<p>MUSCLE BALANCE</p> <p>Auto</p> <p>R +11.00/-1.25 X 173</p> <p>L +9.25/-0.75 X 162</p>	<p>RETEST DATE</p>
--	--------------------