

SURNAMES (Block Letters)  
NTRAKWAH

FIRST NAMES  
HAGAR AMISSAH

Sex  
FEMALE

PHONE NUMBER.....0244964337

ADDRESS OR RESIDENTIAL.....MINERALS COMMISSION - P.O. BOX  
1248 ACCRA - GHANA

OCCUPATION  
PUBLIC SERVANT (HR OFFICER)

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH  
6 / 03 / 89

AGE  
28

PLACE OF BIRTH  
ACCRA - KOLE-BY

ANY ALLEGIC REACTION  
TO MEDICINE

NATIONALITY  
GHANAIAN

RELIGION  
CHRISTIAN

DATE OF FIRST ATTENDANCE  
29 / 08 / 17

NEXT OF KIN  
MOTHER AMISSAH

ADDRESS OR PHONE No. OF NEXT OF KIN  
0556306162



# INTER-STATE EYE CLINIC & LASER CENTRE

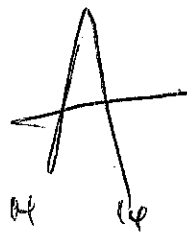
NAME: Htrakwah Hagar Amisshah CARD NUMBER: 17922

DATE: 29-8-17

9e: Blurry vision at far since childhood.  
 c photophobia, tearing and itching in BE  
 OD: spec 5+, Heescher +

VR: 6/36 ue 6/9 pr

VL: 6/12 ue 6/6 pr



⊙ - hist ⊙

Subtarsal papillae - Conj - Subtarsal papillae

Clear - Cornea - Clear

MO - AUC - MO

RO - pupil - RO

9 0.35 - Endo - 9 0.35

1. Allergic Conjunctivitis
2. Refractive Error



1. Gout Patient BE 1st
2. Gout Flare BE 1st
3. Presbyopia
4. See 1/2

Sh



# 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: interstareyeclinik@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
29.8.17	Dist	-2.00	-1.00	160		-1.00	-1.00	180	
P.D. 65 mm	Inter								
	Read								

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION	GH¢	P
	FRAME <i>Vogue</i>	500.00	
	LENSES <i>Photo-Air Sh</i>	160.00	
	COATING		
	SUNDRIES		

PLEASE TICK

CASH ☐

CHEQUE ☐

CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			4/9/17

TOTAL	amt 660.00
VOUCHER	paid 4/9/17
BALANCE	paid 29/8/17
DEPOSIT	40.00
BALANCE	620.00
	paid 29/8/17

SYMPTOMS &amp; HISTORY

OCCUPATION  
HUBBIES

EXTERNAL EXAMINATION OPHTHALMOSCOPY

FIELD-TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY

SUBJECTIVE

ACCOMMODATION

$$6/R - 2.00 / -1.00 \times 160 = 6/6$$

R

L

$$6/L - 1.00 / -1.00 \times 180 = 6/6$$

Rdg ADD

= N

Binoc ADD

MUSCLE BALANCE

RETEST-DATE

Auto

$$R - 1.75 / -1.25 \times 161$$

$$L - 0.75 / -1.25 \times 6$$