FIRST NAMES **SURNAMES (Block Letters)** Attendice Christiana PHONE NUMBER 055670938 ADDRESS OR RESIDENTIAL.....

**OCCUPATION** 

MARITAL STATUS

SINGLE

DIVORCED

MARRIED

**OTHER** 



## INTER-STAR EYE CLINIC & LASER CENTRE

NAME Atta Chie Christians CARD NUMBER: 18778
DATE: 7-11-17
Trume p  1 520 \$. cold + Drugge
Ri ofa-
ve: 46 ua
Mild peninhalal -hd - @ acdema
oedema
Eyected - Cong - Clean
Ox Cree - clar
Down
ne -bu- ou
no ly - not

Ip: NE Conjuntints

Poloradex

1. Gutt Frut No NE gid

2. See 1/82.

thy