

URNAMES (Block Letters)

ESTHUN

FIRST NAMES

MAAME ESI

Sex

FEMALE

PHONE NUMBER.....

0268831507

ADDRESS OR RESIDENTIAL.....

Box CT 9980 CAN TOWNMENTS

ACCRA

OCCUPATION

ECONOMIST/RESEARCH ANALYST

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

1/08/1988

AGE

29

PLACE OF BIRTH

ACCRA

ANY ALLEGIC REACTION  
TO MEDICINE

① SEPTIN

NATIONALITY

HANAIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

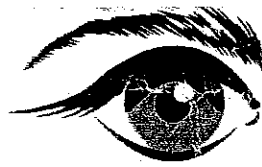
26th SEPTEMBER, 2017

NEXT OF KIN

MAAME EKUA ESTHUN

ADDRESS OR PHONE No. OF NEXT OF KIN

0209497515



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Chun Maame Es

CARD NUMBER: 18237-

DATE: 26-9-17

Q: Discharges in LE (whitish) since yesterday morning; occasionally feels pressure in LE upper lid & twitching.

ODQ: Pain &, redness & itching &, Trume & 18 spec &  
pregnant for 8/12.1

VR: 6/5ua

VL: 6/5ua

① - lid - ②  
for papilla - Conj - Papillae  
Clear - Cornea - Cornea  
No - ~~eye~~ - No  
No - Papil - No

Imp? LE Conjunctivitis

1. Gilt Aloran 1000 jid  
2. Gilt Floer 10 jid  
3. Le 2/2

St

29.0718 CW. For review - N4 on drops

Recess in BE for 1/52 - when the sits  
behind the computer for long. Paint. Headset

$v_R: 6/6ue$

$v_L: 6/6ue$

Seen  
0/8

Unit

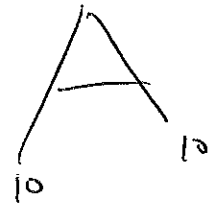
dry

clear corner

deep 02

up point

clear lens



0.3 con 0.3

- ph. 1. full Amc - no 6/ly
2. full refresh team 6/ly
3. Drspice Plano + photo  
+ AR

4. see 7/52

DL



# 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

18237

NAME: \_\_\_\_\_ TEL HOUSE \_\_\_\_\_ WORK \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DATE OF TEST 29-1-18	R								PRESCRIPTION GIVEN			
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism			
P.D. 63mm	Dist	Plan				Plan						
	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG: CHECKED
R	L	R	L		

DISPENSING NOTES Photo AR	DESCRIPTION		GH¢ P
	FRAME	Frame	
	LENSES	Photo AR 8w	
	COATING		
	SUNDRIES		

TOTAL	
	GH¢ 720.00
VOUCHER	
	paid 29/1/18
BALANCE	
	GH¢ 220.00
DEPOSIT	
	Nationwide 500.00
BALANCE	
	29/1/18

PLEASE TICK

CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			5/2/18



**APPROVAL FOR SUPPLY OF SPECTACLE**

Please Provide Spectacles (Lens and Frame) to the bearer of this Note, Who is an Employee / Dependent  
of an employee of AFRICAN CENTER FOR ECONOMIC TRANSFORMATION

Please fill out the details below:

Name MARME ESI ESTHIN

If Dependent, Name of Employee .....

Service Provider NATIONWIDE MEDICAL INSURANCE

Date of Attendance 29TH JANUARY 2018

Approved Spectacle Limit: GhC 500.00

Amount in words: FIVE HUNDRED GHANA Cedis

Spectacle to be accessed only once in: 1 Year / 2 Years from last date of procuring a spectacle.

Endorsement:

Catherine Evans-Toto

Name: Company HR/Representative

Eleni T. J.  
Official Company Stamp & Signature  
 **ACET** African Center for Economic Transformation

*Please note that the member is to present this form together with the spectacle prescription to validate the request. Kindly attach this form to claim form for reimbursement.*