

SURNAMES (Block Letters)

BOATEMA

FIRST NAMES

FELICIA

Sex

F

PHONE NUMBER.....

020 5235857

ADDRESS OR RESIDENTIAL.....

TESHE

OCCUPATION

FARMER

MARITAL STATUS

MARRIED

☒ DIVORCED

☐ SINGLE

☐ OTHER

DATE OF BIRTH

1955

AGE

61

PLACE OF BIRTH

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY

HAWAIIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

11 / 11 / 2016

NEXT OF KIN

ELIAH ANIWI

ADDRESS OR PHONE No. OF NEXT OF KIN

050 6552523 TESHE

er PS 11/11/16



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Md. Felicia Boatema

CARD NUMBER: 14158

DATE: 11/11/2016

q/c Occasional pain, redness and tearing
in RE for 1 yr. Had a surgery in RE
2 yrs ago. Cloudy vision in RE for yrs.

DM⁺ (1 yr, on meds), HPT⁺ (on meds)

Last fbs 5-6.
was previously 220.

VR 6/36us, 6/24ph

u. c/c/m us
N.I. PH

PCDOL — lens — nuclear + PSC
PCO + cortical
Cataract

c/o SS — f/u — poor view

MP
1817

plus
① RE YAG Capsulotomy
(post)

② RE Wink Test
Endo

③ Butag 95 100

11/11/16

RE: 404 post Cap Substation

pulse	Energy	Total	Pulse/Total Energy
1	3-0	15	44

plan

① Tobrady
2nd
R₂

② Revers Trans
2nd
R₂

③ LE photo + all

for 4/82

SYMPTOMS & HISTORY	OCCUPATION HUBBIES
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EXTERNAL EXAMINATION OPHTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.
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OPHTHALMOSCOPY 6/36m cfelms	SUBJECTIVE 6/R +1.50/-2.25x90 = 6/24 6/L N. 5 Blnoc ADD = 6/76/24 cfelms = N	ACCOMMODATION R L Rdg ADD
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MUSCLE BALANCE Auto R +3.00/-0.75x89 L Error	RETEST DATE Newspaper large text
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