

SRA 0104915

SURNAMES (Block Letters)
HOFFMAN

FIRST NAMES
KINGSLEY

Sex
MALE

PHONE NUMBER.....0243785252

ADDRESS OR RESIDENTIAL.....P.O. Box 465 MAMPROBI-ACCRA.

OCCUPATION
AUDITOR

MARITAL STATUS			
MARRIED ✓	DIVORCED	SINGLE	OTHER

DATE OF BIRTH
7/08/1973

AGE
44

PLACE OF BIRTH
MAMPROBI, ACCRA

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
HAWAIIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
29th, August, 2017

NEXT OF KIN
DRENDIA HOFFMAN

ADDRESS OR PHONE No. OF NEXT OF KIN
0242148461



INTERIM EYE CLINIC & LASER CENTRE

NAME: Kingoley Hoffman
DATE: 29/8/17

CARD NUMBER: 17918

Q: Difficulty reading especially at night for
some time now.

Specs & , DM & , HPT &

VR: 6/6 ue

VR: 6/6 ue

⊙ - hnd - ⊙

⊙ x - Long - < ⊙

PEES - Cornea - PEES

MA - MA - MA

RET - Rptd - RET

CLW - CLW - CLW

1/0.4 - Fndm - 1/0.4

A

14 14

- Imp 1. Refractive Error
2. Bil Myopia (Early)
- 3.

1. Gullt Fears Nahrade 8k fed
2. Prescribe glasses
3. See 3 1/2

Prof

19/18



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
29-88-1A	Dist	+0.50				+0.50	-0.50	90	
P.D.	Inter								
65 mm	Read	+1.75				+1.75			

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES		FRAME	DESCRIPTION	GH¢	P
		LENSES			
		COATING			
		SUNDRIES			
			TOTAL		
			VOUCHER		
			BALANCE		
			DEPOSIT		
			BALANCE		
PLEASE TICK					
CASH	<input type="checkbox"/>	CHEQUE	<input type="checkbox"/>	CREDIT CARD	<input type="checkbox"/>

PLEASE TICK

CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
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SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
<i>6/6 na</i> <i>6/6 na</i>	6/R to 50 0 5 = 6/5 R L 6/L to 50/-0.50 x 70 = 6/5 Reg ADD 6/5 Binoc ADD +V 75 0 5 - 0 J-2 = N		
MUSCLE BALANCE			RETEST DATE
<i>add</i> <i>R to 50/-0.25 x 180</i> <i>L to 50/-0.75 x 180</i> <i>189</i>			