

SURNAMES (Block Letters)  
YEMBILAH

FIRST NAMES  
JOHN PAUL N.

Sex  
MALE

PHONE NUMBER..... 020 7600 488  
..... 030 522 0080

ADDRESS OR RESIDENTIAL..... C/O NICHOLINA N. YEMBILAH  
..... GRISCO AKUSE 02077 00090

OCCUPATION  
/

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
/	/	/	/

DATE OF BIRTH  
29 Apr. 2015

AGE  
2  $\frac{4}{12}$

PLACE OF BIRTH  
BOLGATANGA

ANY ALLEGIC REACTION  
TO MEDICINE  
/

NATIONALITY  
HAWAIIAN

RELIGION  
CHRISTIAN

DATE OF FIRST ATTENDANCE  
17 Aug 2017

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
NICHOLINA YEMBILAH	020 77 00090



# TRUTH EYE CLINIC & LASER CENTRE

NAME: Yembilah John paul 17773  
DATE: 17/8/17

Intermittent itchy eyes

Ⓟ - lid - Ⓢ  
Subconjugal - Conj - Subconjugal  
papillae papillae  
Clear - Cornea - Clear  
No - Aqueous - No  
No - Hyal - No  
Clear - Lens - Clear  
G<sub>o</sub> 0.2 - Fundus - G<sub>o</sub> 0.1

Ep. - Allergic conjunctivitis

1. Gett. Allertab BE 50

2 See 6/52

Exam GTS

By