

URNAMES (Block Letters)
MENSAH

FIRST NAMES
FAUSTINA

Sex
F

PHONE NUMBER 0577766908

ADDRESS OR RESIDENTIAL KORLE - BU

OCCUPATION
Seamstress

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
<input checked="" type="checkbox"/>			

DATE OF BIRTH	AGE
975	41

PLACE OF BIRTH
Sweden

ANY ALLEGIC REACTION TO MEDICINE
—

NATIONALITY
Zion

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
09-09-16

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
FELIX	0244 678233

100 : 500/



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Md. Faustina Mensah

CARD NUMBER: 13354

DATE: 9/9/2016

Y/C Blurred vision in RE on awakening today.
Scd⁺ (Sc), HPT⁺, DM⁺, Asthma⁺.

VR 6/12u, 6/9PH

VR 6/24u, 6/9PH

BI Atrophy

sup clear - lens - clear

16 15 - Vitreous liquefaction - Turb flow v
proliferation

para -

① R/L - periphery

② Retinal tears
and
PCE

for Y/S



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			
9-9-16	Dist	Plano	-1.00	90		Plano	-1.50	90				
P.D. 70mm	Inter											
	Read	41.75				41.75						

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

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

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMÉTRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION	
6/12 _u	6/R plano/-1.00 X 90 = 6/9	R	
6/24 _u	6/L plano/-1.50 X 90 = 6/9	Rdg ADD 76/9	
	Binoc ADD	= N5	
MUSCLE BALANCE		RETEST DATE J2	
<u>Auto</u> R Emmer L 40-50/-1.75 X 93 Add +1.75 R			