

URNAMES (Block Letters)
BANGURA

FIRST NAMES
IBRAHIM YUSUF

Sex
M

PHONE NUMBER.....

ADDRESS OR RESIDENTIAL.....
SIERRA LEONE HIGH COMMISSION

OCCUPATION
LAWYER

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

DATE OF BIRTH
17.05.1986

AGE
31

PLACE OF BIRTH
FREETOWN

ANY ALLEGIC REACTION
TO MEDICINE
NIL

NATIONALITY
SIERRA LEONESE

RELIGION
ISLAM

DATE OF FIRST ATTENDANCE

NEXT OF KIN AUGIE YILLO	ADDRESS OR PHONE No. OF NEXT OF KIN SIERRA LEONE HIGH COMMISSION
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CLINIC & LASER CENTRE

... Bangura Ibrahim Yusuf ... 17872
 ... 25/8/17

c/c. floaters and occasional ~~cloudy~~ cloudy vision in
 135 for 2/12. on tears altered.

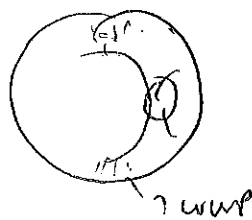
DM⁺, HT⁺, sed⁺, Asthma⁺. Had Lasik in 2010.

VR 6/9-ux

VR 6/6ux

IM flm clear - Corne - flap clear
 clear - lens - clear
 4 13

yo 0.35 - films - %0.35
 low when stands when stands



Imp¹ floaters ? Myopic changes

1/ Observe - when, frequency,
 2 See 2/12

Aly



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: interstareyclinic@gmail.com Tel: 0302-783832 / 027-7755354

NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R							
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
25-8-17	Dist							
P.D. 7.00m	Inter							
	Read							

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

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

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
6/9 _u 6/6 _u	6/R - 0.50/-0.00 x 180 = 6/5 _R 6/L plus (-0.75 x 180 = 6/5 _L Binoc ADD		R Rdg ADD 7/6 _u L = N
MUSCLE BALANCE			RETEST DATE
<u>Auto</u> R - 0.75/-2.75 x 0 L - 0.25/-2.75 x 8.			