

URNAMES (Block Letters)
ariam

FIRST NAMES
Mohammed

Sex
F

PHONE NUMBER 0244650307

ADDRESS OR RESIDENTIAL Ghana, Kumasi
Sowaka 3961KG

OCCUPATION
Student

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH 23-91
AGE 25

PLACE OF BIRTH
Ghana-Kumasi

ANY ALLEGIC REACTION
TO MEDICINE
—

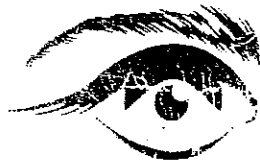
NATIONALITY
arian

RELIGION
Muslim

DATE OF FIRST ATTENDANCE

NEXT OF KIN
Z.A. MOHAMMED

ADDRESS OR PHONE No. OF NEXT OF KIN
0541149438



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Ms. Mariam Mohammed

CARD NUMBER: 13484

DATE: 22/09/2016

% Itching, burning sensation and tearing in
BE. occasional blurred vision in SE
Astigmatism, sed.

UR 6/5_u

VR 6/5_u

papillae
pinguecula

✓ Lid ✓

conjunctiva

papillae
pingueculae

✓ cornea ✓

✓ A/C ✓

✓ pupil ✓

✓ fundi ✓

W: pingueculae

Allergic conjunctivitis

Plan - All. Tears natural BE-TID x @ Soften

See 3/12 - At - patanol RE-BID x @ Soften
or-Banul



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

NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST 22-9-16.	R PRESCRIPTION GIVEN							
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
P.D. 68mm	Dist							
	Inter							
	Read							

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	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
6/5 _u 6/5 _u	6/R plano (N.I) = 6/5 _u 6/L plano (N.I) = 6/5 _u Binoc ADD		R L Rdg ADD) 6/5 = N
MUSCLE BALANCE		RETEST DATE	
Auto R - 0.25 / - 0.25 x 12 L - 0.25 / - 0.50 x 153			