SURNAMES (Block Letters) FUSUSH KANA	TIRST NAMES KARIM		Sex >\f	7LE
PHONE NUMBER 02-4277080	2			
ADDRESS OR RESIDENTIALCOMM	m 10 TEM	A	••••••	••••••••
OCCUPATION	MARRIED	MARITAL DIVORCED	STATUS SINGLE	OTHER

BUSINESSMAN



TANDER CENTRE
NAME HAND Mr. Karim Abubakari CARD NUMBER: 13376
DATE: 10/09/2016
To pain, redness i discharge and tearing in
RE since childhood. Bluned usion in Re
Astluma scal Allergies, Stomach udcert. Double vision in RE for 2yrs.
Double vision in RE for 2yrs.
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13's 418 _ G: Pains and tearing in LE for 3/7 + Records j Something fell in LE 3/7 agr. an authorit moche V 12: 6/18 me 1 Ipm V L: 6/6 ne differe inject Several Scarcel Corner Corner arreal mid-delated deep Ac yn mai M. LE vival Ceralitis pl., De Acycloviv So daily + 1E 2. fret de fich sear, 6 My + 18 Est 3. See 3/5-2 W.X 26 Josfie VR 6/18 NL 6/6 dwys finished 7/12 ago pan', indust, teant



INTER-STAR EYE CLINIC & LASER CENTRE

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plu , or acyclovir Sp daily = LE

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3. See 3/12



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 H	ous	E	Wo	RK		
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MUSCLE BALANCE Audo P. 1.2	5/-400×17	5	RETE	ST DATE