

SURNAMES (Block Letters)

MEGATCHEE

FIRST NAMES

ANDREW

Sex

MALE

PHONE NUMBER..... 026 766 6975

ADDRESS OR RESIDENTIAL..... No 5 Kojoman Street

OCCUPATION

Project Coordinator

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

01/84

AGE

32

PLACE OF BIRTH

Korlebu (Accra)

ANY ALLERGIC REACTION
TO MEDICINE

NATIONALITY

Ghanaian

RELIGION

Christian

DATE OF FIRST ATTENDANCE

1/11/16

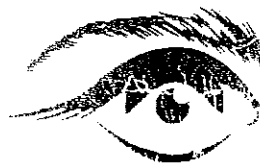
NAME OF NEXT OF KIN

Mr. Amegatcher

ADDRESS OR PHONE No. OF NEXT OF KIN

+1 952-201-3775

4000/2



INTERSTAR EYE CLINIC & LASER CENTRE

NAME: Mr. Andrew Amegatcher

CARD NUMBER: 14025

DATE: 1/11/2016

c/e:- Opaque vision in the right eye; started last year. (2 1/2)

Trauma⁽⁻⁾ ~~x~~

Tingling sensation + (R.E), pains, "Occasional discomfort in R.E

Asthma, Diabetes?, hptn, Sickle Cell -

V_R AM_{un}

V_L 6/5_{un}

Reaction - type 1 reaction

DUP
14 13

Reaction - low clear

maximal contact

No new - plus q/w 3

Plan

① RE. phaco + DR

② FBS, FBS, HbA1c

See 6/5_{un}