

SURNAMES (Block Letters)  
Borkeley La

FIRST NAMES  
Eliezer

Sex  
Male

PHONE NUMBER.....085 3610 631

ADDRESS OR RESIDENTIAL.....CAGRIC P.O. Box 40 Mampung Ash

OCCUPATION  
Lecturer

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH  
-01-1960

AGE  
57

PLACE OF BIRTH  
Nungua

ANY ALLEGIC REACTION  
TO MEDICINE

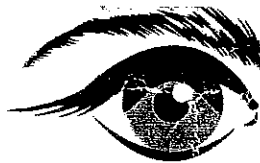
NATIONALITY  
Ghanaian

RELIGION  
Presbyterian

DATE OF FIRST ATTENDANCE  
05-10-17

NEXT OF KIN  
Andy Borkeley La

ADDRESS OR PHONE No. OF NEXT OF KIN  
0542 978171



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Eliezer Barketey La

CARD NUMBER: 18334

DATE: 05-10-17

% Difficulty reading small prints for dys.

DM<sup>+</sup> (on tabs), HPT<sup>+</sup> (on tabs), tearing<sup>+</sup>

Last fbs 10.6

UR 6/24mc 6/9pa  
6/12-cx

VL CF@4mc 6/18pa  
CF@4mc-cx

A  
16 17

ASE

① - h2 - ②

- Cong -

Subt - Cues - SBRW

me - R - R

me - Pupil - R

W<sup>+</sup> N<sup>+</sup>, P<sup>+</sup> lens - N<sup>+</sup> P<sup>+</sup> W

6/0.3 - Indm - 6/0.3

- Imp. by Cataracts (L > R)
1. Refractive Error
  2. Dry Eyes

Mr

1. Book B/R CUE + PCSE

2. FBL, ABS

3. CUBA R. Ficus B/E for

Ang



# 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			
Ref 10.17	Dist	-0.50	-1.00	90		-5.50	-1.50	90				
P.D. 70mm	Inter											
	Read	+2.50				+2.50						

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 TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
<i>6/24me</i> <i>6/24me</i>	6/R $-0.50/-1.00 \times 90 = 6/9$ 6/L $-5.50/-1.50 \times 90 = 6/24-3$ Binoc ADD $+2.50 DS$		R $-4$ L Rdg ADD = N
MUSCLE BALANCE	<i>Auto</i> R $-0.50/-1.00 \times 65$ L $-5.00/-2.25 \times 109$		RETEST DATE <i>Small</i> <i>Newspaper</i> <i>prints</i>