

SURNAMES (Block Letters)
ENSAH

FIRST NAMES
PORTIA

Sex
FEMALE

PHONE NUMBER..... 0246425226

ADDRESS OR RESIDENTIAL..... KASOA (old BARRIER)

OCCUPATION
STUDENT

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH	AGE
6/08/1998	18 years

PLACE OF BIRTH
KASOA

ANY ALLERGIC REACTION
TO MEDICINE
No

NATIONALITY
ANIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
7th/09/2016

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
	054 0243 - 378010



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Portia Maneah

CARD NUMBER: 13334

DATE: 07-09-16

9c Blurred vision and pain in BF for $> 1/2$
Asthma, sed ϕ DM ϕ

VR 6/8ua, 6/9 pH

VR 6/36ua, 6/9 pH

R

L

- Conjunct. injected + Greyish discharge
cornea clear

I.O.P in BF = 20 mmHg

D. conjunctivitis.

Man: Flu-Neo Qid 1/52

rev. ^{after} 1/52, check I.O.P again.

14-9-16 q/c mild pain in LE for 3/7. Still using drops.

VR 6/18u, 6/6ql
R

R 6/36u, 6/6ql.
L

normal

conjunctiva

injected. discharge.

clear
deep and clear
reactive to light

cornea
A.C.
pupil

clear
deep-clear
reactive to light

normal

Iris

normal

clear and phacolytic

lens

clear, phacolytic

C/D = 3/10

fundus

C/D = 3/10

~~Exocin 1/52~~

Exocin 18

S.O.P

18

when Exocin did for 1/52 in LE, Voltarin ^{tid} for 1/52
discard Flu-Neo.

Review. 11/5/12



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: Interstareyec clinic@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			
7-9-16	Dist	-1.50				+2.50						
P.D. 67mm	Inter											
	Read											

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED
R	L	R	L			

DISPENSING NOTES	DESCRIPTION	GH¢	P
	Full rim wire & black FRAME <i>Suprimo</i>	180	
	LENSES <i>photo slv</i>	100	
	COATING		
	SUNDRIES		

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	600 280.00
	VOUCHER	14/5/16
	BALANCE	80.00 paid
	DEPOSIT	200.00 paid
	BALANCE	75/16

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			14/5/16

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/18 us	6/R	-1.50 Dg = 6/6	R
6/36 us	6/L	-2.50 Ds = 6/6	Rdg ADD 7 6/5
	Binoc ADD		= N
MUSCLE BALANCE			RETEST DATE
<u>Auto</u> R -1.25/-0.50 x 82 L -3.50/-0.50 x 80			