

URNAMES (Block Letters)
KOOMSON

FIRST NAMES
ANITA BABA

Sex
F

PHONE NUMBER.....0261488280

ADDRESS OR RESIDENTIAL.....ABLEICUMA - AGAPE

OCCUPATION
TRADER

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH 01/1987	AGE 29
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PLACE OF BIRTH
DABOASE - TACORADI

ANY ALLERGIC REACTION
TO MEDICINE

NATIONALITY
NIGERIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
08/09/2016

NEXT OF KIN CHARLES KOOMSON	ADDRESS OR PHONE No. OF NEXT OF KIN 0244811576
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1/16: 1000/R



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Ms. Anita Baaba Koomson

CARD NUMBER: 13345

DATE: 8/09/2016

C/c pain, redness and blurred vision in LE
for 3/7.

Asthma⁺, sed⁺, DM⁺, HPT⁺, Allergies⁺.

UR 6/9m

VL 6/5m.

— NAD — Ads — NAD
— medial vein
papulone
hypertone — low — hypertone
clear — clear — clear
clear — low — clear
14/13 4/105 — fulus — 9/105

Plus
① R₁₀ - papulone
eye -

84 1/2

② V₀ H₁₀₀ ref₁₀
③ ab₁₀ x₁₀ ref₁₀



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			
8-9-16	Dist	Plano	-0.50	170		PL						
P.D. 70mm	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME		GH¢	P
	LENSES			
	COATING			
	SUNDRIES			
	TOTAL			
VOUCHER				
BALANCE				
DEPOSIT				
BALANCE				

PLEASE TICK

CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/9 us 6/5 us	6/R Plano / -0.50 x 170 = 6/5 6/L plano = 6/5 Binoc ADD		R Rdg ADD 7.6/5 = N
MUSCLE BALANCE			RETEST DATE
<u>Auto</u> R. Plano / -0.75 x 172 L. Plano / -0.25 x 0.			