NAMES (Block Lett	ers)	FIRST NAMI		Se	ex ~
ONE NUMBER	0244	907090			
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CUPATION PUPIL			MARRIED DIVOR	RITAL STATUS CED SINGLI	E OTHER
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## 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 HOU	SE	WOI	RK	-
ADDRESS:					-	DATE	OF BIRTH		
DATE OF TEST			R		PRESCRI	PTION GIVI			
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DISPENSED BY	CH	IECKED BY		RECEIVED	ВҮ	DATE	14-	10-	16

SYMPTOMS & HISTORY	OCCUPATION HUBBIES
EXTERNAL EXAMINATION OPTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY SUBJECTIVE  6/9US  6/R - O. 75 F  6/9US  6/L - O. 75 F  Binoc ADD	ACCOMMODATION  R  R  Rdg ADD  R  R  RN
MUSCLE BALANCE  A. 73/-0:75×9  L0:25/-0.50×	RETEST DATE
L0.25/-0.50X	2( .