

SURNAMES (Block Letters)
FOSU

FIRST NAMES
EMMANUEL

Sex
MALE

PHONE NUMBER 0554207161

ADDRESS OR RESIDENTIAL SPINTEX AROUND FLOWER P&T AND
PALACE MALL

OCCUPATION
STUDENT

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH
10/06/1995

AGE
22

PLACE OF BIRTH

ANY ALLERGIC REACTION TO MEDICINE

NATIONALITY
GHANAIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
29/08/2017

NEXT OF KIN
STEPHAN SARPONG

ADDRESS OR PHONE No. OF NEXT OF KIN
0208133066



CLINIC & LASER CENTRE

NAME: Fosu Emmanuel

CARD NUMBER: 17 927

DATE: 29-8-17

CH: Blurry vision at far R & L E, for about 10 years

OPX: Pains⁺, Itching⁺, redness⁺, discharge⁺
 specs⁺ (stopped for 3 years now), Scot⁺, Asthma⁺, Trauma⁺, Surgery⁺

VR: CF@3m ue 6/18 pr

VL: 6/18 ua 6/9 pr

BU Any NP 17h

C/103 fukus — 9/10 3

TOP
 14 13

Plan

① fmr HSD
 Fed
 BT

② Patient
 ad
 BT

③ TOP overlying

for 4/52



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			
29-88-17	Dist	-4.00	-3.00	170		-1.50	-0.50	140				
P.D. 71mm	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P.
	LENSES			
	COATING			
	SUNDRIES			
TOTAL				
	VOUCHER			
	BALANCE			
	DEPOSIT			
	BALANCE			
PLEASE TICK				
CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>		
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE	

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY <i>Balaney</i> R - 4.00 / - 3.25 X 170 44 > 46 L - 1.50 / - 0.50 X 40 46		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY <i>CR 3m ue</i> <i>6/18 ua</i>	SUBJECTIVE 6/R - 4.00 / - 4.00 X 170 = 6/9 6/L - 1.50 / - 0.50 X 40 = 6/6 Binoc ADD	ACCOMMODATION R L Rdg ADD 6 = N	
MUSCLE BALANCE <i>Auto</i> R - 11.50 / - 4.75 X 65 L - 3.25 / - 1.00 X 35		RETEST DATE	