

SURNAMES (Block Letters)
Montey

FIRST NAMES
Kwabena

Sex
Male

PHONE NUMBER 0244 355677

ADDRESS OR RESIDENTIAL 11 Labadi villas

OCCUPATION
Student

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
			<input checked="" type="checkbox"/>

DATE OF BIRTH 7/13/2004
AGE 13

PLACE OF BIRTH
U.S

ANY ALLEGIC REACTION TO MEDICINE
None

NATIONALITY
ghanaian

RELIGION
Christian

DATE OF FIRST ATTENDANCE
08/28/2017

NEXT OF KIN Maxwell Montey	ADDRESS OR PHONE No. OF NEXT OF KIN Same as mine
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INDIAN EYE CLINIC & LASER CENTRE

NAME Mautey Kwabena

CARD NUMBER 17902

DATE 28-8-17

Q: For routine eye check

Specs + (2 years - current pair 1 year old)

VR: $\frac{6}{18}$ ue $\frac{6}{9}$ p₄ $\frac{6}{6}$ c₈

VL: $\frac{6}{18}$ ² ue $\frac{6}{9}$ p₄ $\frac{6}{6}$ c₈

BU Any P₄ X₁

c/n 3 - f₁ - X₁ = 3

su $\frac{12}{12}$

Plan
① Observe

f



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: 0302-763832 / 027-7755354

NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____

DATE OF TEST _____ DATE OF BIRTH _____

				PRESCRIPTION GIVEN				
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
28-08-17	Dist	-3.25	-0.50	180		-3.00	-0.50	180
P.D.	Inter							
71mm	Read							
HEIGHTS								

P.D. _____

HEIGHTS _____ MONO _____ BLANK _____ TECH SIG. CHECKED _____

DISPENSING NOTES _____

FRAME	DESCRIPTION	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
HOBBIES

EXTERNAL EXAMINATION OPHTHALMOSCOPY

FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY

SUBJECTIVE

ACCOMMODATION

6/6

6/R - 3.25/-0.50 x 180 = 6/8

R

6/6

6/L - 3.00/-0.50 x 180 = 6/8

Rdg ADD

Binoc ADD

= N

MUSCLE BALANCE

RETEST DATE

Auto

R - 2.75/-0.75 x 174

L - 2.50/-0.25 x 169