

SURNAMES (Block Letters)
LAMPTEY

FIRST NAMES
EMMANUEL

Sex
MALE

PHONE NUMBER.....0244 637374

ADDRESS OR RESIDENTIAL.....P. O. Box 517 ACCRA

OCCUPATION
PASTOR

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH	AGE
1 Sept 1970	47

PLACE OF BIRTH
OSU

ANY ALLEGIC REACTION
TO MEDICINE
—

NATIONALITY
GHANAIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
29-08-2017

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
SAAC LAMPTEY	0541949295 / 0265781494

1st 29/8/17



CLINIC & LASER CENTRE

Emmanuel Lamptey

17906

29/8/17

% Difficulty reading without glasses.
 DM ϕ , HPT ϕ , Asthms ϕ . glasses⁺ (8/12).
 NR 6/6ue NR 6/6ue

A
 20 32
 @ 8.80m

② - Ind - ①
 / - Lay - /
 Clear - Green - Clear
 Red - Red - Red
 RV - Rpt RV
 Clear - Clear - Clear
 % 0.5 - Fuchs - 9/0 0.8

Exp. 1. Sump Dixer 3 Columns
 2. Refractive Error

NR

1. VFF
2. OUF (RNFL)
3. Get Candogan 36 bel.
4. Remise planes - readers.

S. See 1/12

Aug

NAME EMMANUEL LAMPTEY

ID 17908

BIRTHDATE 09-04-70

GRAYTONE

NUMERIC DB

TOTAL DEVIATION

PATTERN DEVIATION

RIGHT C24-2

RX USED

DS

DCX

DEG

AGE 47 STRATEGY FULL THRESHOLD

FIXATION TARGET CENTRAL

TIME 09:12:31 AM

29

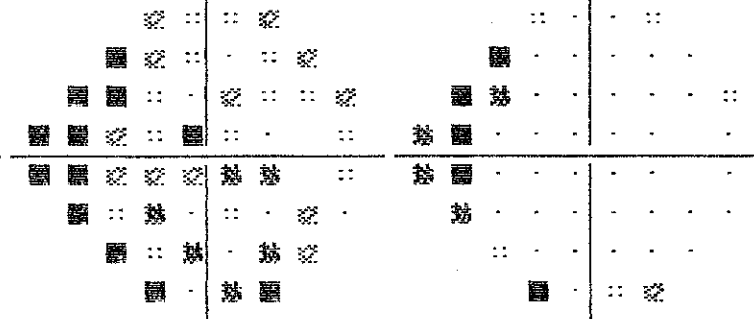
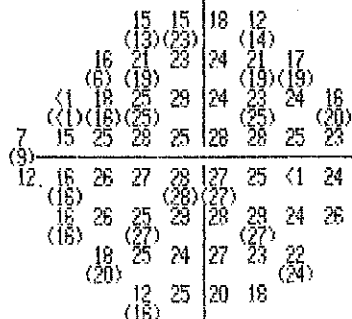
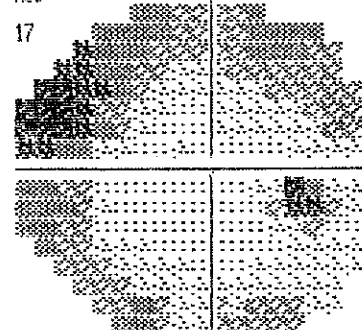
AUG

17

FL 1/22

FN 1/9

FP 0/17



FOV

MD

PSD

SF

CPSD

31 DB

-7.11 DB P < 0.5%

4.76 DB P < 1%

1.15 DB

4.60 DB P < 0.5%

LEFT C24-2

RX USED

DS

DCX

DEG

AGE 47 STRATEGY FULL THRESHOLD

FIXATION TARGET CENTRAL

TIME 09:44:28 AM

29

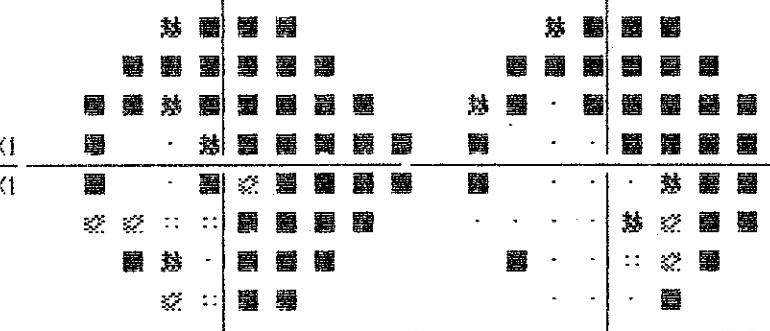
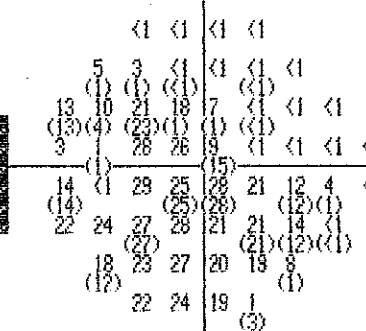
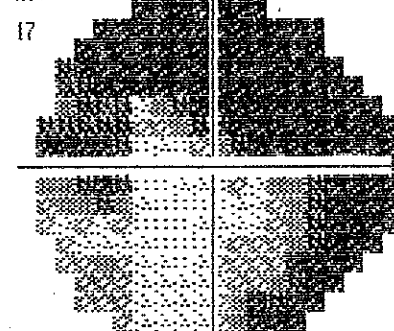
AUG

17

FL 2/20

FN 2/9

FP 0/9



FOV

MD

PSD

SF

CPSD

31 DB

-16.99 DB P < 0.5%

11.31 DB P < 0.5%

2.09 DB

11.09 DB P < 0.5%

PROBABILITY SYMBOLS

:: P < 5%

: P < 2%

. P < 1%

■ P < 0.5%

GRAYTONE SYMBOLS

.8	2.5	8	25	79	251	794	2512	7943	2
.1	1	3.2	10	32	100	316	1000	3162	10000
41	36	31	26	21	16	11	6	1	50
40	35	30	25	20	15	10	5		

INTER STAR EYE CLINC

0277-755354/0244850200

ALLERGAN
HUMPHREY

REV AB

17906



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
29-8-17	Dist	Plano				Plano			
P.D. 68mm.	Inter								
	Read	+1.75				-1.75			

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED
R	L	R	L			

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME	Readers	60.00	
	LENSES	+1.75		
	COATING			
	SUNDRIES			

			TOTAL	9.00 60.00
			VOUCHER	paid 29/8/17
			BALANCE	
			DEPOSIT	
			BALANCE	

PLEASE TICK
 CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			29/8/17

SYMPTOMS & HISTORY		OCCUPATION HOBBIES	
INTERNAL EXAMINATION: OPHTHALMOSCOPY		FIELD: TONOMETRY: COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/bw	6/R	plans	R. L.
6/bw	6/L	plans	Rdg ADD 7 6/6
		Binoc ADD	= N
SCLE BALANCE	Add + 1.75 Ds		RETEST DATE
huto			