

URNAMES (Block Letters)
ALENGA

FIRST NAMES
YUSUF

Sex
M

ONE NUMBER..... 0277 779223

ADDRESS OR RESIDENTIAL..... PIG FARM

OCCUPATION
COOK

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
	✓		

DATE OF BIRTH 11/59	AGE 56
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PLACE OF BIRTH
ACCRA

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
HAWAIIAN

RELIGION
MUSLIM

DATE OF FIRST ATTENDANCE
01/11/2016

NEXT OF KIN ZELIA	ADDRESS OR PHONE No. OF NEXT OF KIN 0249 632651 PIG FARM
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500/L
8000/R



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mr. Yusif Alenga

CARD NUMBER: 14022

DATE: 1/11/2016

C. Blurred vision in RE for 2/12.

Dm⁺, HPT⁺ (5 yrs, on meds), Asthma⁺, sed⁺.

VR Hmua, N.Tpt

VL 6/5-ua.

dilated - pupal - dilated

12 14

swollen
cataract

lens

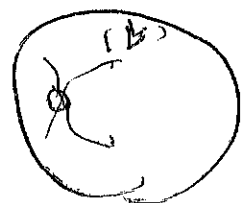
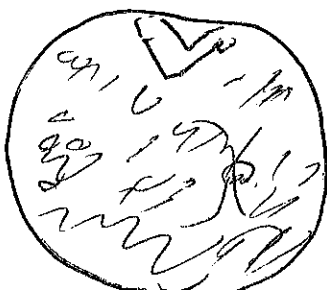
Sclerotic

fulus -

Sup periphery
retina break

- Total RD
- E PUR
- macula - off

- Sup break & temp
multiple holes



✓

Plan

① RE-PPV

② LE prophylaxis
C28v

14022



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			
1-11-16	Dist	plano				Novo	-0.50	180				
P.D. 73mm	Inter											
	Read	+2.50				+2.50						

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 ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
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SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION	
Hm 0.8 6/5 ^{ne}	6/R plano (MIP) = 6/5 6/L plano / -0.50 X 180 = 6/5 Binoc ADD	R Hm Rdg ADD L 76/5 = N 5	
MUSCLE BALANCE		RETEST DATE	
Auto R Error L -0.25 / -1.00 X 170 Add +2.50 DS		T2	