

SURNAMES (Block Letters)

INOUE

FIRST NAMES

NORIE

Sex

F

PHONE NUMBER.....

054-433-7383

ADDRESS OR RESIDENTIAL.....

Airport Residential Area

OCCUPATION

Volunteer Coordinator

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

AGE

PLACE OF BIRTH

ANY ALLERGIC REACTION  
TO MEDICINE

24/05/1976

43

JAPAN

—

NATIONALITY

Japanese

RELIGION

DATE OF FIRST ATTENDANCE

NEXT OF KIN

ADDRESS OR PHONE No. OF NEXT OF KIN



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Norie Inoue

CARD NUMBER: 24015

DATE: 6/7/19

9L: Pains in LE since this morning. Trauma &  
not using eye drops. ~~contact lens~~ DM, HPT

V<sub>R</sub>: 6/5<sub>uc</sub>

V<sub>L</sub>: 6/5<sub>uc</sub>

HCT

O/E:

Amel

infected  
broken tarsal  
nasal plate

Clear Amel

clear AC

up pupil

R. "full repair tear only - LE

2. See 1/12

DL



# 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: Interstareyeclinik@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
06-07-09	Dist	Plano				Plano			
P.D. 59mm	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 ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
4/5w	6/R	Plano	= 6/5 R L
4/5w	6/L	Plano	Rdg-ADD 2 1/5 J-2
	Binoc ADD		= N
MUSCLE BALANCE			RETEST DATE
Amb $R - 0.50 / - 0.25 \times 90$  $L - 0.25 / - 0.75 \times 99$			