

SURNAMES (Block Letters)
MOHAMMED

FIRST NAMES
EZUDEEN

Sex
MALE

PHONE NUMBER 0556364024

ADDRESS OR RESIDENTIAL BENIAKO SACKY CENTER
TEXIA

OCCUPATION

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER

DATE OF BIRTH 09/06/2010
AGE 9 YEARS

PLACE OF BIRTH
BENIAKO-SACKY (TEXIA)

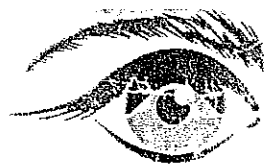
ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
GHANAIAN

RELIGION
MUSLIM

DATE OF FIRST ATTENDANCE

NEXT OF KIN IBRAHIM MOHAMMED	ADDRESS OR PHONE No. OF NEXT OF KIN 0244864069
---------------------------------	---



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mohammed Ezudeen

CARD NUMBER: 24032

DATE: 10/7/19

L: Frequent rubbing of eyes + redness since from childhood + blurred vision at far.

Not using eye drops. Asthma

R: 6/12 - 6/12 pm

L: 6/18 - N 12 pm

Seen

O/E

peri-orbital hyperpigmentation

brownish discoloration (conjunctival)

tarsal papillae

lensal papillae (encroaching into cornea)

clear cornea.

(not staining with fluorescein)

Ux: Severe Nerve Conduction

Plan: 1. get Predforte 6uly
2. get refresh tears 6uly

3. get pinitor 4mg noct x 2/52

4. see 3/52

5. or dispatol

noct x 2/52

[Signature]

31-07-19

40:- Feeling better. slight itchy,
in B.E, pains +. (BE). still on refresh
tears. other medication got finished last week

VR:- 6/18u9. 6/18ph.

VL:- 6/18u9 6/18ph

Na
14 14

Seen
of E

brownish conjunctival
discoloration

- 1. Full trabecular 6/18
- 2. Full peripheral tears 6/18
- 3. See 4/52

WJ



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: interstareyec clinic@gmail.com Tel: 0302-783832 / 027-7755354

NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST

10.07.19

R

PRESCRIPTION GIVEN

	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
Dist								
Inter								
Read								

P.D.

6mm

HEIGHTS

R L

MONO

R

L

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
HUBBIES

EXTERNAL EXAMINATION OPHTHALMOSCOPY

FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY

SUBJECTIVE

ACCOMMODATION

6/12⁻u

G/R

Plano (NI) = 6/

R

L

6/18⁻u

G/L

Plano (NI) = 6/

Rdg

ADD/12⁻

= N

Binoc ADD

MUSCLE BALANCE

RETEST DATE

Auto

R - 0.25/- 2.00 x 4

L 2.00