

SURNAMES (Block Letters)
DZOKPO

FIRST NAMES
JESSICA F. BUKOLA

Sex
FEMALE

PHONE NUMBER.....0243849427 / 0202939387

ADDRESS OR RESIDENTIAL.....

OCCUPATION
ACCOUNTS OFFICER

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH
25TH SEPT. 1991

AGE
27

PLACE OF BIRTH
AKOSOMBO

ANY ALLEGIC REACTION TO MEDICINE
PARACETAMOL

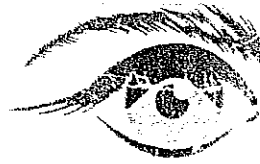
NATIONALITY
GHANAIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
5/7/19

NEXT OF KIN
RITA AFRIMIE

ADDRESS OR PHONE No. OF NEXT OF KIN
0249184434



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Jessica E. Bukola D2okpo

CARD NUMBER: 23991

DATE: 5/7/19

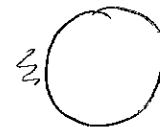
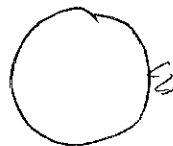
Ch? Tearing and Redness vision blurry the
 PC, headache⁺, itching⁺, Glaucoma⁺ (broken)
 - PMHx: stomach ulcer⁺, Angina, HTN

Vn: 6/18 un

6/2 un

NCT
 17 18

Seen
 O/E



injected
 pinguecula

clear cornea

deep AE

clear lens

0.6 con 0.5

1. right FML - new GLH
2. full trace Natimale GLH
3. Dispense lenses
4. see 4/12

[Signature]



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			
08/07/19	Dist	-0.25	-0.75	90		PL	-0.75	90				
P.D. 6cm	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION	
	FRAME	full rim. SM 234 5115-Brown Suprimo GH¢ P
	LENSES	250.00 Photo AIR SN 200.00
	COATING	
	SUNDRIES	

TOTAL	450.00
VOUCHER	paid 18/7/19
BALANCE	130.00
DEPOSIT	400.00
BALANCE	paid 18/7/19

PLEASE TICK

CASH ☐

CHEQUE ☐

CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			10/7/19

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/18u 6/12u	6/R : -0.25/-0.75x90 = 6/5 6/L : PL 10.25x90 = 6/5 Binoc ADD		R L Rdg ADD $\frac{2}{16}$ = N
MUSCLE BALANCE			RETEST DATE
A/c R PL 6.00/-0.75x81 L PL 6.00/-0.75x109			