

SURNAMES (Block Letters)

DONKOR

FIRST NAMES

WILLIAM

Sex

MALE

PHONE NUMBER.....

0243530955

ADDRESS OR RESIDENTIAL.....

LAPAZ

OCCUPATION

STUDENT

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

AGE

05/08/1997

22

PLACE OF BIRTH

LEGON

ANY ALLEGIC REACTION
TO MEDICINE

NO

NATIONALITY

GHANAIAN

RELIGION

CHRISTIANITY

DATE OF FIRST ATTENDANCE

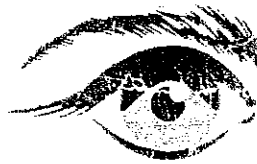
29/08/19

NEXT OF KIN

JOHN DONKOR

ADDRESS OR PHONE No. OF NEXT OF KIN

020 773 5380



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Dankor William

CARD NUMBER: 23952

DATE: 29/6/19

GC: Blurred vision at far + occasional redness
and pains in BE for 1 year. Trauma &
not using eyedrops. SCD & specs &

V_R: 6/9m

V_L: 6/6m

NCT

18 18

BE - Ant seg ④

Fundus - C:D - 0.4

Adv

glasses

BE - Refresh tears q/d
4 times/day

Review in 2 mth



INTER-STAR EYE CLINIC & LASER CENTER

23952

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							
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
29.8.19	Dist -0.50				-0.50			
P.D. 69mm	Inter							
	Read							

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION	
	Fullim PG62800R	5317-140 6th
	FRAME Polar Glare	700.00
	LENSES Photo AIR SN	200.00
	COATING	
	SUNDRIES	

TOTAL		6900.00
VOUCHER		paid 12/7/19
BALANCE		450.00
DEPOSIT		450.00
BALANCE		paid 1/7/19
DATE		12/7/19

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
6/9 m	6/R - 0.50 05 = 6/5 R	L 32	
6/6 m	6/L - 0.50 05 = 6/5	Rdg ADD 2.5 = N	
BInoc ADD			
MUSCLE BALANCE		RETEST DATE	
Aut R - 0.50 05 L - 0.50 / -0.50 x 97			