

SURNAMES (Block Letters)

AGTEMANG

FIRST NAMES

ERICA

Sex

F

PHONE NUMBER... 022 9094461

ADDRESS OR RESIDENTIAL... Accra

OCCUPATION

Student

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

24/06 2002

AGE

17

PLACE OF BIRTH

Korishie - Accra

ANY ALLEGIC REACTION
TO MEDICINE

None

NATIONALITY

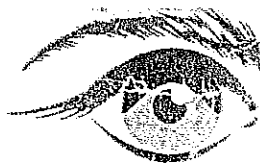
Ghanaian

RELIGION

Christian

DATE OF FIRST ATTENDANCE

18th June 2019



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Erica Aggemang

CARD NUMBER: 24082

DATE: 18/7/19

q: Itching and tearing in BE - on & off for > 1 year.
was using Gutt Epicrom. specs

V_R: 6/6⁺ve

V_L: 6/6⁺ve

sem

of

Direct

NCT

20 18

clear lines

deep AC

npa pm

clear lens

D.5 cm D.6

(D) 8.5

Plan: 1. Discontinue glasses

2. put Prednisolone 12hly

3. put Tears Naturalite 8hly

4. See 3/12



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 Kofl. 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			
18-07-19	Dist	-0.50				-0.50						
P.D. 63mm	Inter											
	Read											

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED
R	L	R	L			

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME	Fullin 5m 354	250.00	
	LENSES	Photo SW	160.00	
	COATING			
	SUNDRIES			

TOTAL	410.00
VOUCHER	paid 18/7/19
BALANCE	
DEPOSIT	
BALANCE	

PLEASE TICK			
CASH	<input type="checkbox"/>	CHEQUE	<input type="checkbox"/>
CREDIT CARD	<input type="checkbox"/>		

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			22/7/19

SYMPTOMS & HISTORY		OCCUPATION HOBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
2/6 ve	6/R -0.50 DS	= 6/5 R	L
2/6 wa	6/L -0.50 DS	= 6/5	2/6 wa
	Binc ADD		= N
MUSCLE BALANCE		RETEST DATE	
<u>Auto</u> R -2.75 DS L -6.50 DS			