

SURNAMES (Block Letters)

BISSAH

FIRST NAMES

SAMUEL

Sex

MALE

PHONE NUMBER.....0271309351.....

ADDRESS OR RESIDENTIAL.....AIRPORT VIEW.....

OCCUPATION

STUDENT

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

21/05/2002

AGE

17

PLACE OF BIRTH

KORLE BU HOSPITAL

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

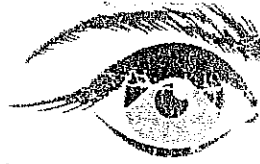
19/07/2019

NEXT OF KIN

ADDRESS OR PHONE No. OF NEXT OF KIN

MATTHEW BISSAH

020846402610299010494



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Samuel Bissah

CARD NUMBER: 24088

DATE: 19/7/19

Ch. Tearing⁺, itching⁺, can't see well at far
 -headache⁺, Glass
 PMH: JOL Drought: OK

Vn: 6/9-09

NCJ

Seen

Frequent itching,
 No known allergies

6/9 over

o/e

18 17

Right
 tarsal papillae
 clear cones

also AC

no pupil

clear lens

0.2 cm 0.5

(10) folds

1. full latanoprost 12 only
 2. full n/a h tears only

BES

24088



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
	Dist	-0.50	-0.50	90		-0.50	-0.50	70	
	Inter								
P.D.									

P.D.
67mm

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED
R	L	R	L			

DISPENSING NOTES

DESCRIPTION		GH¢	P
FRAME	full rim - 61K C5L7015 5218	200.00	
LENSES	Photo AIR 511	200.00	
COATING			
SUNDRIES			

TOTAL	440.00
VOUCHER	
BALANCE	
DEPOSIT	
BALANCE	

PLEASE TICK

CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
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SYMPTOMS & HISTORY	OCCUPATION HOBBIES
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INTERNAL EXAMINATION OPHTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.
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OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
1929	6/R -0.50/-0.50 x 90 = 6/6	R L
1929	6/L -0.50/-0.50 x 70 = 6/6 Binoc ADD	Rdg ADD 6/6 =N

REF BALANCE	RETEST DATE
<p>Aut</p> <p>R -1.25/-0.50 x 87</p> <p>L -1.00/-0.75 x 68</p>	