

**SURNAMES (Block Letters)**  
ADJALEY

**FIRST NAMES**  
Monica

**Sex**  
F

**PHONE NUMBER** 0244846478  
0268321711

**ADDRESS OR RESIDENTIAL** Teshie Tsui-blepo

**OCCUPATION**  
Student

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

**DATE OF BIRTH**  
11/11/92

**AGE**  
27

**PLACE OF BIRTH**  
Accra

**ANY ALLEGIC REACTION TO MEDICINE**  
Yes

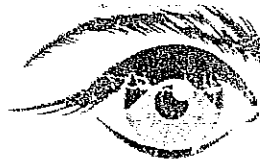
**NATIONALITY**  
Ghananian

**RELIGION**  
Christian

**DATE OF FIRST ATTENDANCE**  
9/07/2019

**NEXT OF KIN**  
Saraphine Nake

**ADDRESS OR PHONE No. OF NEXT OF KIN**  
0241988442



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Monica Adjaley

CARD NUMBER: 23993

DATE: 5/7/19

R: discharges, FB sensations, itching, blurred vision in  
LE for 3/7. Trauma<sup>+</sup> (hit by finger in LE > 5 years ago)  
not using eye drops.

V<sub>R</sub>: 6/5m

V<sub>L</sub>: 6/5m

NCT  
18 27

Seen  
O/E

Quint slightly hyaline

clean axes

deep AC

n/a pupil

clean lens

D.4 cor 0.5

PL. 1. full Tears Natmalle 6/ly - R<sup>+</sup>

2. full FMC - no 6/ly - R<sup>+</sup>

3. see 1/52 (wor check)

23993



# 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
05-07-19	Dist	plano				plano			
P.D. 65mm	Inter								
	Read								

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES			
	COATING			
	SUNDRIES			
PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL			
	VOUCHER			
	BALANCE			
	DEPOSIT			
	BALANCE			
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE	

SYMPTOMS & HISTORY	OCCUPATION HUBBIES
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EXTERNAL EXAMINATION OPHTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.
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OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
$\frac{L}{5w}$ $\frac{L}{5w}$	6/R plano 6/L plano Binoc ADD	= 6/5 R L = 6/5 R 32/5 32 = N

MUSCLE BALANCE	RETEST DATE
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Auto  
 R - 1.00 / - 0.25 x 75  
 L - 0.50 x - 0.50 x 15