

SURNAMES (Block Letters)  
Thompson

FIRST NAMES  
Michael

Sex  
M

PHONE NUMBER..... 0244 619679

ADDRESS OR RESIDENTIAL..... 2 Spider Street Tesano  
Accra

OCCUPATION  
PC Technician

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
X			

DATE OF BIRTH 17/6/1980	AGE 39
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PLACE OF BIRTH  
Accra

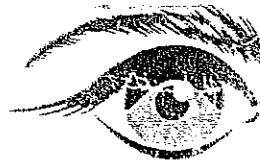
ANY ALLERGIC REACTION  
TO MEDICINE

NATIONALITY  
Ghanaian

RELIGION  
Christian

DATE OF FIRST ATTENDANCE  
9/7/2019

NEXT OF KIN Godsway Gafah	ADDRESS OR PHONE No. OF NEXT OF KIN 2 Spider Street Tesano Accra 055547089
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# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Thompson Michael

CARD NUMBER: 24030

DATE: 9/7/19

Ch: Blurred vision as far as 2 years,  
itching, headaches sometimes, Glass -  
pinkish, HPI<sup>+</sup>, DPH<sup>-</sup> Doughty. 10K

Nn: 6/12/19

6/12/19

NCT  
17 19

Bu Fute

4/10/3 fute - 4/10/35

fu 2/12

plan  
system  
bul  
15



# 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			
09.07.19	Dist	-0.75				-0.75						
P.D. 7mm	Inter											
	Read	+1.25				+1.25						

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES	Alk prog	600.00	
	COATING		400.00	
	SUNDRIES			

TOTAL		amtd 1,000.00
VOUCHER		paid 15/7/19
BALANCE		GH¢ 100.00
DEPOSIT		GH¢ 900.00
BALANCE		paid 9/7/19

PLEASE TICK

CASH ☐

CHEQUE ☐

CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			15/7/19

SYMPTOMS & HISTORY

OCCUPATION  
HUBBIES

EXTERNAL EXAMINATION OPHTHALMOSCOPY

FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY

SUBJECTIVE

ACCOMMODATION

6/124

6/R : -0.75 D

= 6/6

R

6/192

6/L : -0.75 D

= 6/6

Rdg ADD

Binoc ADD

= N

MUSCLE BALANCE

RETEST DATE

Auto

R

-0.75 0.5

ADD: H-250-J2

L -0.5/-0.5 X 35