

SURNAMES (Block Letters)

AMEYOR

FIRST NAMES

PRINCE

Sex

MALE

PHONE NUMBER.....

0242517177 / 0546134504

ADDRESS OR RESIDENTIAL.....

ABLEKUMA

OCCUPATION

STUDENT

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

DATE OF BIRTH

AGE

7th February, 2006

13

PLACE OF BIRTH

ASHIAMAN

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY

GHANIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

24th July, 2019

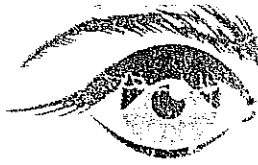
NEXT OF KIN

ANTWI IMMANUEL

ADDRESS OR PHONE No. OF NEXT OF KIN

0547751151

0540777365



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Prince Ameyor

CARD NUMBER: 24124

DATE: 24/7/19

Ch: Severe itching, headache, cant see well
 as from Discharge, tearing.
 PMHx: All
 Drought Chloramphenicol Gout
 T.T.C. Gout

Vn: 6/36un

PH: 6/18

NCT

6/36un

PH 16/24

X
 uncooperative

sem

of E

Severe blepharospasm

tearing ++

tarsal papillae (Grant)

neilintal papillae

curves not staining with

fluorescence

See 1/52

up. Severe mixed vernd asymmetrical

1. full tobrades 2uly

2. full mfu h tears 6uly

3. has minton 8uy note x 2/52

1-07-19

2/0:- Feeling better than before. Still
on medications.

NR:- 6/18 ug 6/18 ph.

VL:- 6/12 ug. 6/9 ph.

NC
13 16.

Seen

o/e

marked improvement
Stephens spasm

Quieter Anger

pl. " CT: sent to braden 4hly - not
2. See 2/12

WJ



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: interstareyeclinik@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			
8/10/19	Dist	-2.00	-3.00	180		-1.00	-2.50	180				
P.D. 64mm	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES			
	COATING			
	SUNDRIES			
		TOTAL		
		VOUCHER		
		BALANCE		
		DEPOSIT		
		BALANCE		

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	
6/18 us 6/12 u	$6/R :- 2.00f - 3.00 \times 180 = 6/12^R$ $6/L :- 1.00f - 2.50 \times 180 = 6/6$ Binoc ADD	$Rdg ADD > 6/9^L$ = N	
MUSCLE BALANCE		RETEST DATE	
Auto Bi - 675f - 9.50 x 12 L: Enva			

SYMPTOMS & HISTORY		OCCUPATION HOBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY C/18 Dk G/24 Dk	SUBJECTIVE 6/R 6/L Binoc ADD	<i>Refraction, near</i> <i>180°</i> = 6/ = 6/	ACCOMMODATION R L Rdg ADD = N
MUSCLE BALANCE <i>Sup</i> <i>R Error</i>		RETEST DATE	

L Error