

SURNAMES (Block Letters)
MENS AH

FIRST NAMES
EMMANUEL

Sex
M

PHONE NUMBER.....0260925232.....

ADDRESS OR RESIDENTIAL.....OSU PAPAYE.....

OCCUPATION

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH 7/6/1993	AGE 26
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PLACE OF BIRTH
ACCRA

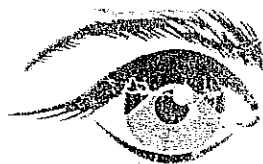
ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
GHANAIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
04/7/19

NEXT OF KIN JOSEPH	ADDRESS OR PHONE No. OF NEXT OF KIN
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INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Emmanuel Mensah

CARD NUMBER: 24119

DATE: 24/7/19

eye pain in the LE, vision blurry in the LE
 X 1/52, mostly take pain killer for the pains
 Trauma, itching, tearing - Glass
 PNHx: MIL brought 7?

CF (Bm)
 CF @ 1m
 PNHx

Unigap 12/19

NG

Λ

1615

⑫

quite

⑬

any - injected

Cornea - fine KPS

AK - + 24 cur, fibrous ML

pne - post Synchysis

lens - int Cap Sur Pigments

TOP

15/74

4/10 4 fimbriae - 9/10 4

Plan
 ① Pres forte w/ly

② Fuchs' Dystrophy



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 <i>24/07/19</i>	R				PRESCRIPTION GIVEN				
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
	Dist								
	Inter								
	Read								
P.D.									

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME			
	LENSES			
	COATING			
	SUNDRIES			
TOTAL				
		VOUCHER		
		BALANCE		
		DEPOSIT		
BALANCE				
DISPENSED BY		CHECKED BY		DATE

PLEASE TICK

CASH ☐ CHEQUE ☐ CREDIT CARD ☐

SYMPTOMS & HISTORY

OCCUPATION
HUBBIES

EXTERNAL EXAMINATION OPHTHALMOSCOPY

FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY

SUBJECTIVE

ACCOMMODATION

412ue

6/R -0.50/-0.75 X 180

= 6/5

R

CF@M

6/L : plane (M.M)

= 6/CF@M

Rdg ADD

L 7 6/6
= N

Bnoc ADD

ISCLE BALANCE

Auto

R -0.50/-1.00 X 180

RETEST DATE

L 2.00