

SURNAMES (Block Letters)

QUAYNOR

FIRST NAMES

JEFFREY

Sex

M

PHONE NUMBER.....

0243666159

ADDRESS OR RESIDENTIAL.....

DANSOMAN

OCCUPATION

STUDENT

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

AGE

8/12/2008

10

PLACE OF BIRTH

ACCRA

ANY ALLERGIC REACTION
TO MEDICINE

N/A

NATIONALITY

GHANAIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

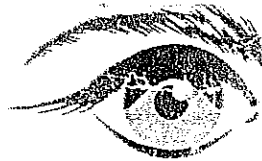
20/07/19

NEXT OF KIN

Robert Quaynor

ADDRESS OR PHONE No. OF NEXT OF KIN

0393677630



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Jeffrey Graynor

CARD NUMBER: 24098

DATE: 20/07/19

R: Blurred vision at far for a while now + eye pain and intermittent. Spect & not using eye drops.

V R: 6/24m 6/9pm

V L: 6/9m 6/6pm

NCT
A
16 17

Scm
←
O/E

Direct

clear lines

deep AC

ap. pupil

clear lens

0.3 con 0.3

② Ldr

PL. 1. Distance glasses

2. Soft Patanol 12hrly - 100

3. See 4/12

27098

INTER-STAR EYE CLINIC & LASER CENTER

(Loc: 10th Lane H/No: F764 H/O: U. RE/ Acc: A. OH/ American Embassy Road, Opposite Restaurant Near Citizen Kofu. E-mail: Interstareyedclinic@gmail.com. Tel: 0302-788332 / 027-1735364)

TELHOUSE

WORK

DATE OF BIRTH

TEST	R				PRESCRIPTION GIVEN			
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
	19							
	Dist	-1.00	-0.75	20		-0.50	-0.50	180
	Inter							
	Read							

EYES		MONO		BLANK		TECH SIG	
L	R	L	R	L	R	L	R

SING NOTES	DESCRIPTION	
	FRAME	Suprimao
	LENSES	AIR S/N
	COATING	
	SUNDRIES	

TOTAL		870.00
VOUCHER		25/7/19
BALANCE		170.00
DEPOSIT		200.00
BALANCE		170.00

CHEQUE ☐

CREDIT CARD ☐

ED BY	CHECKED BY	RECEIVED BY	DATE
			25/7/19

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
PHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION	
6/24m	6/R - 1.00/-0.75 x 20 = 6/8	R	L
6/9m	6/L - 0.50/-0.50 x 180 = 6/5	Rdg ADD 2.5	= N
Binoc ADD			
JSCLE BALANCE		RETEST DATE	
<u>Auto</u> R - 3.00/-2.00 x 17 L - 3.25/-1.75 x 178			