

SURNAMES (Block Letters)

AWUAH

FIRST NAMES

ERIC

Sex

MALE

PHONE NUMBER.....

0207797768

ADDRESS OR RESIDENTIAL.....

AWOSHIE

OCCUPATION

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

AGE

14/11/1979

40 YEARS

PLACE OF BIRTH

ASSINI-FOSU

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY

GHANAIAN

RELIGION

CHRISTIAN

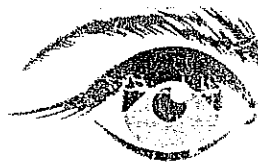
DATE OF FIRST ATTENDANCE

NEXT OF KIN

JENNIFER AWUAH

ADDRESS OR PHONE No. OF NEXT OF KIN

AWOSHIE - 0244682079



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Eric Awuah

CARD NUMBER: 24046

DATE: 12/7/19

Ch: Cant see well with the R.E, itchy,
redness, Trauma

PMHx: JOL

Dr: JOL

Un: CR @ 4m

PA: 6/36

6/5

NCI



sem
of E

detate on!

Direct

Clear cornea

deep AC

npv pupil

Nuclear lens clear
cataract

0.4 cm 0.4

② fclvs

Pl. 1h RE eye + in



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
12/07/19	Dist	-3.00	-	-		PC			
P.D.	Inter								
65mm	Read	7150				7150			

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

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

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
<i>Reflex</i> <i>6/5</i>	<i>6/R : -3.00</i> <i>6/L : plano</i> Binoc ADD		<i>= 6/18^R</i> <i>= 6/5^L</i> Rdg ADD <i>> 6/5</i> = N
SCLE BALANCE		RETEST DATE	
<i>Auto</i> <i>3? -4.50/-0.50 x 50</i> <i>-40-25/-0.50 x 148</i>		<i>ADD: H. 500-34</i>	