

SURNAMES (Block Letters)
AKYEAM POW G

FIRST NAMES
DAMATA

Sex
F

PHONE NUMBER..... 050 022 7479

ADDRESS OR RESIDENTIAL..... 19 ROYAL PALM AVE
WEST LEGON, ACCRA

OCCUPATION
INVESTMENT OFFICER

MARITAL STATUS			
MARRIED ✓	DIVORCED	SINGLE	OTHER

DATE OF BIRTH
Jan 10, 1987

AGE

PLACE OF BIRTH
ACCRA, GHANA

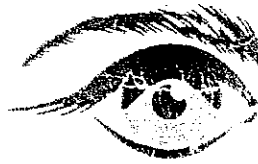
ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
GHANAIAN

RELIGION

DATE OF FIRST ATTENDANCE

NEXT OF KIN NANA AKYEAMPOW G	ADDRESS OR PHONE No. OF NEXT OF KIN 0200187 230
------------------------------------	--



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Damata Akyeanpong

CARD NUMBER: 23996

DATE: 5/7/19

Q: Routine check up, itching, redness, dryness
to the L-E, Headache, Glass⁺.

PMHx: NIL

Drugs: ALL

Un? 5/68, 6/68

6/68, 6/68

NET

A.

18 19.

Scm

af

currently on frnt Refractive surgery

basal section

clear area

deep to

upper part

clear to

PJT am 05

① f. lvs.

Pl: frnt ligament only - BE

2. frnt PNL - new only - LE

3. See 3/52

W K

23996



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			
05/67/9. P.D. 65mm	Dist	-0.75	-0.50	60		-0.75	-0.50	140				
	Inter	-1.00	-0.25	50		-1.00	-0.25	140				
	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

#2

4/5 R - 1.00 / -0.25 X 50 4/5

6/5 L - 1.00 / -0.25 X 140 4/5

SYMPTOMS & HISTORY

OCCUPATION
HOBBIES

EXTERNAL EXAMINATION OPHTHALMOSCOPY

FIELD TONOMETRY COLOUR ETC.

~~Distance~~ (m)

R - 1.00 / -0.25 X 52 -

L - 1.00 / -0.25 X 141

OPHTHALMOSCOPY

SUBJECTIVE

ACCOMMODATION

6/5

6/R: -0.75 / -0.50 X 60 = 6/6

R

L

6/L: -0.75 / -0.50 X 140 = 6/6

Rdg ADD

7 1/6

Binoc ADD

= N

MUSCLE BALANCE

RETEST DATE

Aut

R - 0.75 / -0.75 X 62

L - 0.50 / -0.75 X 131