

SURNAMES (Block Letters)

Agjeman

FIRST NAMES

Bervely

Sex

Female

PHONE NUMBER.....

0543302132 10269839122

ADDRESS OR RESIDENTIAL.....

Mamprobi

OCCUPATION

ASS.T. MANAGER

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

AGE

28 May 1995

24

PLACE OF BIRTH

Mamprobi

ANY ALLEGIC REACTION
TO MEDICINE

None

NATIONALITY

Ghanian

RELIGION

Christian

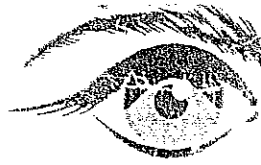
DATE OF FIRST ATTENDANCE

24/07/19

NEXT OF KIN

ADDRESS OR PHONE No. OF NEXT OF KIN

Genevieve Agjeman



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Beverly Ayeman

CARD NUMBER: 24125

DATE: 24/7/19

Yes Growth in the Lower lid XRF, itching, photophobia,
Burning sensation in BG, Glass
pnltx: RLL Dmptx: RLL

Vh: 6/9u9

6/18ue9

NCT

16 17

(R) Lc Chata Dm

4/103 - funder - 9/63

plm
- Tobradex
td
R3

(2) Compression (warm)

Sn 4/52
(Bill Fur
mr Derrick)



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			
24.07.19	Dist	-0.75	-0.50	180		-0.75	-1.00	180				
P.D. 68mm	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES			
	COATING			
	SUNDRIES			

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	
	VOUCHER	
	BALANCE	
	DEPOSIT	
	BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE

SYMPTOMS & HISTORY	OCCUPATION HUBBIES
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EXTERNAL EXAMINATION OPHTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.
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OPHTHALMOSCOPY 6/9eq 6/18eq	SUBJECTIVE 6/R : -0.75/-0.50 x 180 6/6 6/L : -0.75/-1.00 x 180 = 6/6 Binoc ADD	ACCOMMODATION R L Rdg ADD 7 6/6 = N
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MUSCLE BALANCE Auto R -0.75/-1.75 x 0	RETEST DATE
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L -1.25/-1.50 x 178