			•		
SURNAMES (Block Letters)	FIRST NAN	AES	in the second se	Sex	i ağı Çızı Anı
QUAYE	ARIGA	Y11-		LF	
					· · · · · · · · · · · · · · · · · · ·
PHONE NUMBER 02442	29226			*********	か 高 監 数
••••••			••==•	*************	記録 で Mini
ADDRESS OR RESIDENTIAL C	BAWE	7.6	RO AR	EA	
	•				
OCCUPATION		MARRIED	MARITAL S DIVORCED	STATUS SINGLE	OTHER
₹®Angui,]			•
RETIRED BANK	ER) 		••••••
RETIRED BANK	ER				
RETIRED BANK DATE OF BIRTH AGE 1/08/1958 604EARS	PLA	CE OF BIRT	H		EGIC REACTION MEDICINE
DATE OF BIRTH AGE	PLA		H		
DATE OF BIRTH AGE	PLA A CO	CRA		FIRST ATTE	NDANCE
DATE OF BIRTH AGE 1/08/1958 60	PLA A CO	CRA	DATE OF I	FIRST ATTE	NDANCE



Inarisary and definition; we had seed that

NAME: Abigail	Quaye
TAME CANADA	
0117/19	

CARD NUMBER: 24138

DATE: 24/7/19

Ti Cloudy vision in BE (RE) LE) Gord8menthes now.

dizgnosed & reterret in BE - wants and opinion.

DMB, HPT+ (on tabs). nom; Naturalle teors. Traume &

VR: 6/24 me 6/24 pg

1 L: 6/12 ne 6/9-pg

Sem of &

Quiet

NCT

den Com

A 17

delate m!

deep At

Mu pund

cot, rect lens cot, not

0, 9 cm 0, 4

D felm.

Pl-1. 100 ClE trc in (R/L) 2. Mu-vy labs.

A.

24128

0

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:			<u> </u>				TEL	HOU.	SE	Wor	łκ	
ADDRESS:					٠.							***
DATE OF TEST		R				PRES	DATE OF BIRTHESCRIPTION GIVEN					
24.07-19	-		Sph		yi	Axis	Pri.	sm	Sph	Cyi	Axis	Prism
	Dist	Ψ	سو	<u> </u>					Plea	0-140	180	
P.D.	Inter		-								_	
& min	Read	+	2.6	7)					+2	50		
HEIGHTS		MON	10		BL/	ANK			TEOUS	·		
R L	R		L						TECH S CHECK			
DISPENSING NOT	SING NOTES DESCRIPTION DESCRIP				RIPTION							
,					E				GH¢ ₽			
	•	LENSES										
		L	COATING									
	,		SUNDRIES					-		*: ,		
	•	-						ТО	TAL.			
e ^c								VO	UCHER	<u> </u>		
							-	D A	LANCE		<u>.</u>	
PLEASE TICK										····		
CASH	CHEQ	ue F	7		CDE	DIT CARR		DE	POSIT			
<u> </u>	<u> </u>	QUE CREDIT CARD			DIT CARD		BAI	LANCE				
DISPENSED BY	CHE	CKE	D BY		R	ECEIVED B	Υ	·	DATE	· · · · · · · · · · · · · · · · · · ·		
	-											

SYMPTOMS & HISTO			OCCUPATION HUBBIES	
EXTERNAL EXAMIN	ATION OPTHALMOSCOPY	FII	ELD TONOMETR	Y COLOUR ETC.
1/21pm	SUBJECTIVE 6/R FOLING 6/L Plans Binoc ADD	N(680 =	6/2 R	OMMODATION L = N
MUSCLE BALANCE Aut	Add	+2-	50 RETEST	DATE
1	0-2-5/5/50	X 15		