

SURNAMES (Block Letters)

ATEBIYA

FIRST NAMES

KELVIN AKAKISSI

Sex

M

PHONE NUMBER

0247596644

ADDRESS OR RESIDENTIAL

ANAYELE IDRAID BLOCK 31
WILKELESS

OCCUPATION

STUDENT

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

01/06/1998

AGE

21

PLACE OF BIRTH

BOLGA TANGA

ANY ALLERGIC REACTION
TO MEDICINE

NO

NATIONALITY

GHANAIAN

RELIGION

CHRISTIAN

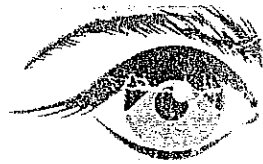
DATE OF FIRST ATTENDANCE

NEXT OF KIN

MICHELLE ATEBIYA

ADDRESS OR PHONE No. OF NEXT OF KIN

0208381674



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Kelvin Akakissi Atebiya

CARD NUMBER: 24101

DATE: 22-07-19

Q: Pains in BE (RE > LE) occasionally for a long time.
was hit by stick in RE and had surgery during
childhood. NA using eye drops
SCD 4

V_R: PL

V_L: 6/5 na

NCI

12 17

from
of E

Quel

dilate w!

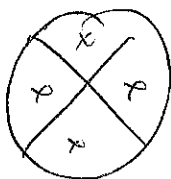
210° XT

clean cornea clear
band keratopathy
deep AC

displaced nfa pupil nfa
nasally

unreactive

complicated lens clear
cataract



con 0.5

① fntt all back no vis trans bly → 10
plx ① may benefit for RE cle (rounded macula)

see 4/5



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
220719	Dist	Plano			Plano			
P.D. 68mm	Inter							
	Read							
HEIGHTS		MONO		BLANK		TECH SIG.		
R	L	R	L			CHECKED		

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

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
PL 6/5 m	6/R Plano (NI) = 6/1 P R 6/L plano = 6/1 S Binoc ADD		L Rdg ADD 6/5 J = N
MUSCLE BALANCE			RETEST DATE
Amb PL Emm L-407 - 025 X 91			