		· · · · · · · · · · · · · · · · · · ·					
SURNAMES (Block Letters)	FIR	ST NAMES		Sex			
Osei- Kofi	J	QJ0		Male			
			The state of the s	Section 1985 Annual Control of the Armer Section 1985 Annual Control of the Ar			
PHONE NUMBER 0246412664							
		を 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			e gran		
ADDRESS OR RESIDENTIAL	Nº2 Ba	nana Close	Teshie -	Nungu a	••••••••••••••••••••••••••••••••••••••		
Estates					······		
OCCUPATION		MARRIED	MARITAL S DIVORCED	STATUS SINGLE	OTHER		
Student	•••••			•••••			
					Company of the Compan		
DATE OF BIRTH AGE	A CONTROL OF THE CONT	PLACE OF BIRTH			ANY ALLEGIC REACTION TO MEDICINE		
12/05/2003 16	•••• ******	Accra, Ghana					
		· · · · · · · · · · · · · · · · · · ·					
NATIONALITY	RELIGION DATE OF FIRST ATTEN			NDANCE			
Ghanadan .	?hristian		1st Jul	y, 2019	A CONTRACTOR OF THE CONTRACTOR		
NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN						
Asabea Osei-Kofi	0208	161583, 02	4641266	4			



innerestar eye cunic & laser centire

NAME Jajo Osei-Kofi

DATE 1st July-19

L' Pamir-Be and handaches for 2/52. Traumar

Scot (Ac), used glasses for >10 years.

VR: 1/60 on 1/12 pla

NCT

RE

RE

RE

RIRIR

Pupil RIRIR

Dilate BE clear

hen clear

Fundus

C:D-0.5 Para papullary C:D:O:4 Temporal Pallor

Adv glasses BE-Refresh tears eld 4/ times/dgg

Review in 1 with

_			_	
2		11		•
	(Œ	B)	ALC:	
	10	IJ.	A T	
	_			

INTER-STAR EYE CLINIC & LASER CENTER 239513

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 HO	ous	iE .	WOF	sκ	
ADDRESS:				•							
DATE OF TEST		R PRESCRIPTION GIVEN									
01.02-19	 	Sph		yí	Axis	Prisn		Sph	Cyi	Axis	Prism
	Dist	3.00	-ŏ	-50	160		-	2.50	0.50	180	
P.D.	Inter	-	- 1				寸				
+1 mm	Read	· · · · · · · · · · · · · · · · · · ·				 .	1				
HEIGHTS	MC	ONO		BLA	NK		+		<u> </u>		
R L	R	<u> </u>	. TECH SIG						į		
DISPENSING NOT	ES	FR/	M	E	O W	ESCRI	PTI	ON		GH¢	Р
	LENSES Photo An					R	SM	250	ر (2	
		COATING OWN						······································			
		SUNE	RIE	S	Pho	oto	1	YKS	12251	0-0	0
							TOT		5.00		
-\$						4	VOU	ICHER	2/2/	19.	
				ı		ŧ	3AL	ANCE	250). —	
PLEASE TICK)EP	OSIT	250.			
CASH	CHEQUE CREDIT CARD			BALANCE DOLL			र्यान	1,0			
DISPENSED BY	CHECK	ED BY		RE	CEIVED B	Υ	I	DATE	12/	7/19	167
										· · · · ·	

	•			
				·
				-
SYMPTOMS & HISTO	RY		OCCUPATION HUBBIES	
			TIODSIE O	
EXTERNAL EXAMIN	NATION OPTHALMOSCOPY	FI	ELD TONOMETRY COL	OUR ETC.
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMO	DATION
1/5gr	6/R -3.66/-0.5	3 X 160:	6/ 5 ^R	L
4/5gr	6/R -3.66/-0.5 6/L-2-50/-0-5 Binoc ADD	, x (188	Rdg ADD 8	= N
MUSCLE BALANCE			RETEST DATE	
And				:
`, .	2-80/-0.00 X	160		
, t	2-20/-0.6	5 ^{TL} X 11	•	