

**SURNAMES (Block Letters)**

KOTEI

**FIRST NAMES**

LOIS

**Sex**

FEMALE

**PHONE NUMBER.....**

02 44 58 59 51

**ADDRESS OR RESIDENTIAL.....**

LABAN - ACCRA

**OCCUPATION**

**MARITAL STATUS**

**MARRIED**

**DIVORCED**

**SINGLE**

**OTHER**

✓

**DATE OF BIRTH**

**AGE**

**PLACE OF BIRTH**

**ANY ALLEGIC REACTION  
TO MEDICINE**

13th April

13

LA POLYCLINIC

**NATIONALITY**

**RELIGION**

**DATE OF FIRST ATTENDANCE**

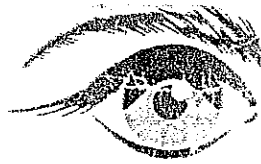
GHANAIAN

CHRISTIAN

13th July, 2019.

**NEXT OF KIN**

**ADDRESS OR PHONE No. OF NEXT OF KIN**



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Lois Kotei

CARD NUMBER: 24048

DATE: 13/7/19

OK - can't see well in class - itchy, green, +  
Glasses

PMH: NIL

Drugs: nil

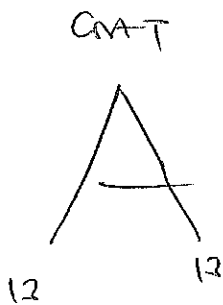
Vh / CF @ 2m

PH: 6/18

CF @ 2m

PH: 6/18

Sm  
9/6



Quiet

clear curves

deep AC

npa pupil

clear lens

0.4 cm 0.5

⑩ folds

Pl - 1. full Patanol 12mls

2. full Tears Naturale 6mls

3. Respira Glans

4. See 4/12

AT

70-08-19

%:- No complaints for Review

VR:- 6/9 gl

UL:- 6/9 gl

14  
15

K-readings

Keep the glasses

Review after 2 months

Retina and nerve are normal in both eyes.

R		L
K <sub>1</sub>	45.50	45.80
K <sub>2</sub>	46.25	46.25
AX	146	9

Normal

Dr. Nishant



# 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](mailto:Interstareyeclinic@gmail.com) Tel: 0302-783832 / 027-7755354

NAME: \_\_\_\_\_ TEL HOUSE \_\_\_\_\_ WORK \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DATE OF TEST	R							
	PRESCRIPTION GIVEN							
13/7/19		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis
P.D.	Dist	-7.50				-7.50		
62mm	Inter							
	Read							

HEIGHTS		MONO		BLANK		TECH SIG.	
R	L	R				CHECKED	596-60.02

DISPENSING NOTES	DESCRIPTION	
	FRAME	Julier
	LENSES	AV SN
	COATING	1.49
	SUNDRIES	

TOTAL	Att 650.~
VOUCHER	
BALANCE	paid 27/7/19
DEPOSIT	GHC 350.00
BALANCE	GHC 300.00 paid 13/7/19

PLEASE TICK

CASH ☐

CHEQUE ☐

CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			27/7/19

SYMPTOMS & HISTORY		OCCUPATION HOBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
CF @ 2m CF @ 2m	6/R : -7.50D 6/L : -7.00D Binoc ADD		R L Rdg ADD 24/5 = N
ISCLE BALANCE Auto h → -11.25 / -0.50 x 157 - → -7.50 / -0.75 x 26			RETEST DATE