

SURNAMES (Block Letters)

NKANSAH

FIRST NAMES

MALCOLM

Sex

M

PHONE NUMBER.....

0249 811822

ADDRESS OR RESIDENTIAL.....

DTD 100 Cantonments Accra

OCCUPATION

Business Executive

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

18/04/92

AGE

27

PLACE OF BIRTH

Accra

ANY ALLERGIC REACTION
TO MEDICINE

NATIONALITY

Ghanaian

RELIGION

Christian

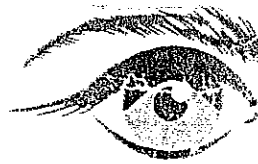
DATE OF FIRST ATTENDANCE

NEXT OF KIN

Jean Nkansah

ADDRESS OR PHONE No. OF NEXT OF KIN

DTD 100 Cantonments, Accra



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Nkansah Malcolm

CARD NUMBER: 24099

DATE: 20/7/19

C: Blurred vision at far m- BE for few week now.
Trauma +, SCD +, SCD +, OM +, HST +
Not using drops

V_R: 6/6m

V_L: 6/6m

15/17

Seen

headache +
pain +

O/E:

Unit

clear area

deep AC

no pupil

clear lens

0.2 cm 0.2

(N)

Follow

pl- 1. get the fresh tears only - 80%

2. Dispense glasses

24099



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	PRESCRIPTION GIVEN							
	R				L			
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
20-07-19	-0.75	-0.50	180		-0.75	-0.75	180	
P.D. 69mm	Dist							
	Inter							
	Read							

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES			
	COATING			
	SUNDRIES			
TOTAL VOUCHER BALANCE DEPOSIT BALANCE				

PLEASE TICK
CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE

SYMPTOMS & HISTORY	OCCUPATION Hobbies
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EXTERNAL EXAMINATION OPHTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.
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OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
7/6m	6/R - 5. $45 / -0.50 \times 180 = 6/5$	R L
6/6m	6/L - 5. $70 / -0.75 \times 180 = 6/5$	Rdg ADD 2 1/5
	Binoc ADD	= N

SCLE BALANCE	RETEST DATE
<p>Auto</p> <p>R - 2.00 / -1.25 x 7</p> <p>L - 2.00 / -1.25 x 173</p>	