

SURNAMES (Block Letters)

QUASHIE - SAM

FIRST NAMES

EDWIN

Sex

M

PHONE NUMBER.....020 367 1977.....

ADDRESS OR RESIDENTIAL.....HSE NO. 203/4, OBEDEKA STREET, TESHIE - ABOMA.....

OCCUPATION

SELF EMPLOYED

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

DATE OF BIRTH

AGE

31-07-1987

33

PLACE OF BIRTH

ASAMANKESE

ANY ALLEGIC REACTION  
TO MEDICINE

NATIONALITY

GHANAIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

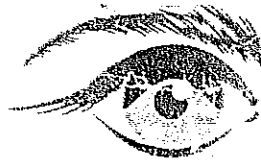
25TH - 07 - 2019

NEXT OF KIN

ANITA QUASHIE - SAM

ADDRESS OR PHONE No. OF NEXT OF KIN

0545 340519



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Edwin Quashie-Sam

CARD NUMBER: 24133

DATE: 25/7/19

R: Itching and 'mucus' discharges in BE for  
> 1 year - on 9 Feb. Not using eyedrops.  
SCOP, DM, HPT

V R: 6/5m

V L: 6/5m

Seen  
O/E

NO T

A  
16 16

Quint

clear inner

clear AK

up to pupil

clear in

0.5 cm 0.5

R: 1st Patient 12th July  
2nd Patient 12th July

2 see 3/52

W E



# INTER-STAR EYE CLINIC & LASER CENTER

Loc: 10th Lane H/No. F764/1 Otu, 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			
25-07-09	Dist	Plane				Plane						
P.D. 62mm	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				
DISPENSED BY		CHECKED BY	RECEIVED BY	DATE

PLEASE TICK

CASH ☐

CHEQUE ☐

CREDIT CARD ☐

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
<i>6/5u</i>  <i>6/5u</i>	6/R <i>plano</i> 6/L <i>plano</i> Binoc ADD		= 6/5 R L Rdg ADD <i>5</i> = N
MUSCLE BALANCE		RETEST DATE	
<i>Auto</i>  <i>R - 1.25 / -0.25 x 142</i>			