

SURNAMES (Block Letters)

ANTWI

FIRST NAMES

Andy

Sex

Male

PHONE NUMBER. 0202010937

ADDRESS OR RESIDENTIAL

RP/IS/A1/14 Anevon Crescent Paraku Estate  
Comm. IS Sprintex Road

OCCUPATION

Student

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

DATE OF BIRTH

AGE

19/10/04

14

PLACE OF BIRTH

Tema

ANY ALLEGIC REACTION  
TO MEDICINE

No

NATIONALITY

Ghanaian

RELIGION

Christian

DATE OF FIRST ATTENDANCE

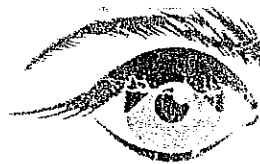
13/07/19

NEXT OF KIN

Ken Antwi

ADDRESS OR PHONE No. OF NEXT OF KIN

0202010937



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Andy Antwi

CARD NUMBER: 24050

DATE: 13/7/19

Can't see well at far, headache sometimes, itchy  
~~pink~~ Allergic Dry eye. Eyedrop 2,

Vin. 6/90

6/60

Sung

non-spectacle wear

9/5

Unit

clear area

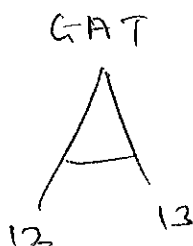
clear AC

1/4 mm

clear lens

0.5 cm 0.5

② Folio



1. 1st Patanol 12eds
2. 1st Tears Naturale 6hrs
3. 1st glasses
4. 1st 4/1

27-07-19 7c for review - No Complaint  
SHN on drops

VR: 6/5m

VL: 6/5m

NCT

14 15

sem

itching ↓

o/e

Bronchial hyperactivity  
discontinued

Direct

PL. 1. gutt Natural 12hly  
2. gutt Tears Natural 6hly / 18h  
3. see 4/52





# 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			
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism			
13-7-19	Dist	-0.50				-0.50						
P.D. 65mm	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

## DISPENSING NOTES

DESCRIPTION	GH¢	P
FRAME <i>fullim - supimo</i>	250.00	
LENSES <i>AIR S/V</i>	120.00	
COATING		
SUNDRIES		

TOTAL	₹ 370.00
VOUCHER	<i>fully paid</i>
BALANCE	<i>27/7/19</i>
DEPOSIT	
BALANCE	

PLEASE TICK

CASH ☐

CHEQUE ☐

CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			31/7/19

SYMPTOMS & HISTORY		OCCUPATION HOBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
<i>EL 9<sup>+</sup></i> <i>6/6</i>	6/R : <i>-0.50D</i> 6/L : <i>-0.50D</i> Binoc ADD		R Rdg ADD <i>&gt; 6/6</i> L = N
SCLE BALANCE		RETEST DATE	
<i>Auto</i> R <i>-0.75 / -0.50 X 19</i> L <i>-0.50 / -0.50 X 18</i>			