

SURNAMES (Block Letters)
SAKA

FIRST NAMES
GEORGE

Sex
MALE

PHONE NUMBER..... 0243460443 / 850 15 6649

ADDRESS OR RESIDENTIAL..... LAPAZ, RACE COURSE (NHOAKAEMAN)

OCCUPATION
IT SYSTEMS APPLICATION SPECIALIST

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH
30/07/1986

AGE
33

PLACE OF BIRTH
ACCRA

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
GHANAIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
30/07/2019

NEXT OF KIN
MRS ALBERTA N. A. SAKA

ADDRESS OR PHONE No. OF NEXT OF KIN
0289246559



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: George Hii Kpakpo Saka

CARD NUMBER: 24159

DATE: 30/7/19

Ch: Headache when uses the pc, photophobia, itching
tearing, Glass + (2 yrs)

PMHx: ML DrugHx: ML

Vh: 6/6 un

6/6 un

NCT
α
17 17

sem
o/e:

Quiet

clear un

deep Ac

Mn pupil

clear h

0.3 C-M 0.2

(W) Ldus

pl. 1. Distance glasses

2. 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 Tel: 0302-783832 / 027-7755354

NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R								
	PRESCRIPTION GIVEN								
	Dist	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
30/07/19		PC	-0.50	180		PC	-0.50	180	
P.D.	Inter								
7mm	Read								

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED	
R	L	R	L				

DISPENSING NOTES

Full on Tm 911 Blue

FRAME

DESCRIPTION

Transparent

GH¢

P

250.00

LENSES

photo Ah 8h

250.00

COATING

SUNDRIES

TOTAL

200.00

VOUCHER

paid 21/7/19

BALANCE

150.00

DEPOSIT

GH¢ 350.00

BALANCE

Notion 12/3/19

PLEASE TICK

CASH ☐

CHEQUE ☐

CREDIT CARD ☐

DISPENSED BY

CHECKED BY

RECEIVED BY

DATE

2/8/19

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/Heier 6/low	6/R: $Pl - 0.50 \times 180$ = 6/6 6/L: $Pl - 0.50 \times 180$ = 6/6 Binoc ADD		R L Rdg ADD $76/6$ = N
MUSCLE BALANCE			RETEST DATE
Antz. $R - 0.50 / -0.50 \times 11$ $L - 0.25 / -0.50 \times 13$			



APPROVAL FOR SUPPLY OF SPECTACLE

Please Provide Spectacles (Lens and Frame) to the bearer of this Note, Who is an Employee / Dependent of an employee of ROYAL CROWN PACKAGING LTD

Please fill out the details below:

Name GEORGE SAICA

If Dependent, Name of Employee -

Service Provider INTER-STAR EYE CLINIC & LASER CENTRE

Date of Attendance 30/7/2019

Approved Spectacle Limit: GhC 350.00

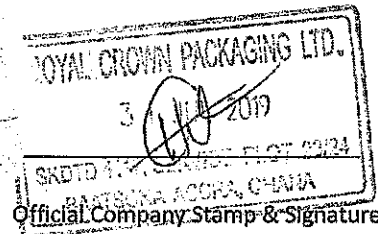
Amount in words: THREE HUNDRED AND FIFTY GHANA CEDI ONLY

Spectacle to be accessed only once in: **1 Year / 2 Years** from last date of procuring a spectacle.

Endorsement:

Hawa Abena Adam

Name: Company HR/Representative



Please note that the member is to present this form together with the spectacle prescription to validate the request. Kindly attach this form to claim form for reimbursement.