

SURNAMES (Block Letters)
Kilje

FIRST NAMES
Sandeesh

Sex
Male

PHONE NUMBER.....0540109419 / 0503342786

ADDRESS OR RESIDENTIAL.....P.O. Box 6988, Graphic Road
Deergh Changa

OCCUPATION
Financial Controller

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
MARRIED			

DATE OF BIRTH 11/07/1980	AGE 39
-----------------------------	-----------

PLACE OF BIRTH
MUMBAI

ANY ALLERGIC REACTION
TO MEDICINE
DIABETES

NATIONALITY
INDIAN

RELIGION
HINDU

DATE OF FIRST ATTENDANCE
1ST JULY 2019

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



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Kilje Smdesh

CARD NUMBER: 23954

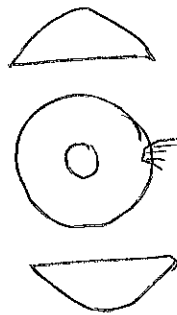
DATE: 1/7/19

2: Whitch growth in RE + pain, tearing and itching
in BE for 2/52 + Blurred vision in BE - Glasses broken
DM + (2 years) - not on tabs. HPT ϕ . using unknown eye drop.

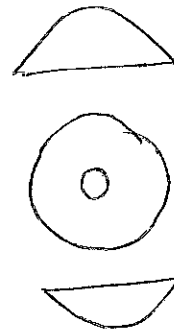
R: 6/18m 6/9 PH

L: 6/24m 6/9 PH

HCT
17 15



nasal
pterygium



C:D-0.3

Fundus

C:D-0.3

Adv

glasses

BE - Flarex ϕ d

4 times / day \times 2 weeks

3 times / day \times 2 weeks
and stop.

BE - Refresh tears ϕ d
4 times / day

Review in 1 month



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			
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism				
01-07-19	Dist	1.50				2.00						
P.D. 63mm	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 HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
$\frac{6}{18}$ m $\frac{6}{24}$ m	6/R - 1.50 0.5 = 6/5 R 6/L - 2.00 0.5 = 6/5 L Binoc ADD		2.5/5 3-2 = N
MUSCLE BALANCE		RETEST DATE	
Auto R - 2.50 / -0.5 x 2 L - 2.75 / -0.25 x 105			