

SURNAMES (Block Letters)

ABOAGYE

FIRST NAMES

JOYCE

Sex

F

PHONE NUMBER.....0248131316

ADDRESS OR RESIDENTIAL.....ODA

OCCUPATION

CATERER

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER



DATE OF BIRTH

15/03/1990

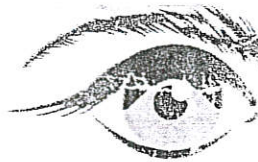
AGE

29

PLACE OF BIRTH

ODA

ANY ALLEGIC REACTION
TO MEDICINE



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Joyce Aboggye

CARD NUMBER: 24068

DATE: 16/7/19

R: poor vision in LE for 2 years - started with light flashes.
Frequent eye pain + & headaches + (frequent). Trauma

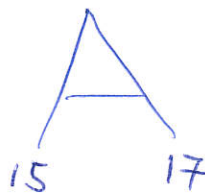
DM ϕ , HPT ϕ : ^{not} using used drops for 3/52
- previously on

V R: 6/5w

• Moxibex
• Nystamine
• Hypromellose
• caps vitagine
V L: 6/36w NIPH

See
—
of E

WET



dilate on!
?

Quiet

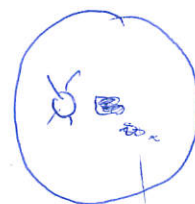
clear area

deep AC

npv pupil

clear lens

0.2 cm 0.2



See 3/12

PL-1. funder - photo

hypermetropic
choroidal
scar



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
1607-19	Dist	plano				plano			
P.D. 60mm	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 <input type="checkbox"/> CHECKE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>				
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE	

SYMPTOMS & HISTORY		OCCUPATION HOBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/5 w	6 / R	Plano = 6 /	R L
6/36 w	6 / L	Plano (N I) = 6 /	Rdg ADD 5/5
		Binoc ADD	= N
SCLE BALANCE			RETEST DATE
Auto R to 57 - 0.25 X 81			
L to 75 - 0.50 X 03			

CANON

Patient ID : 24068

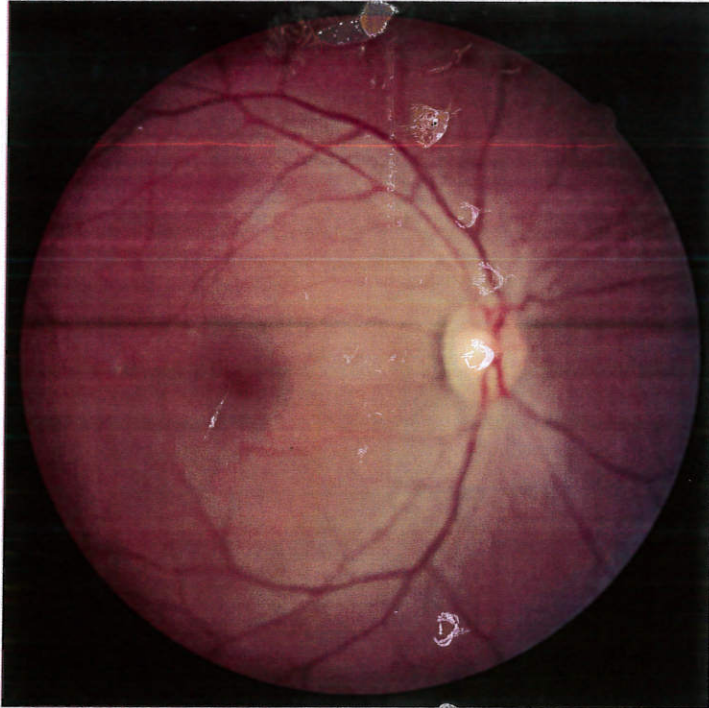
Patient Name : ABOAGYE^JOYCE

Sex : M

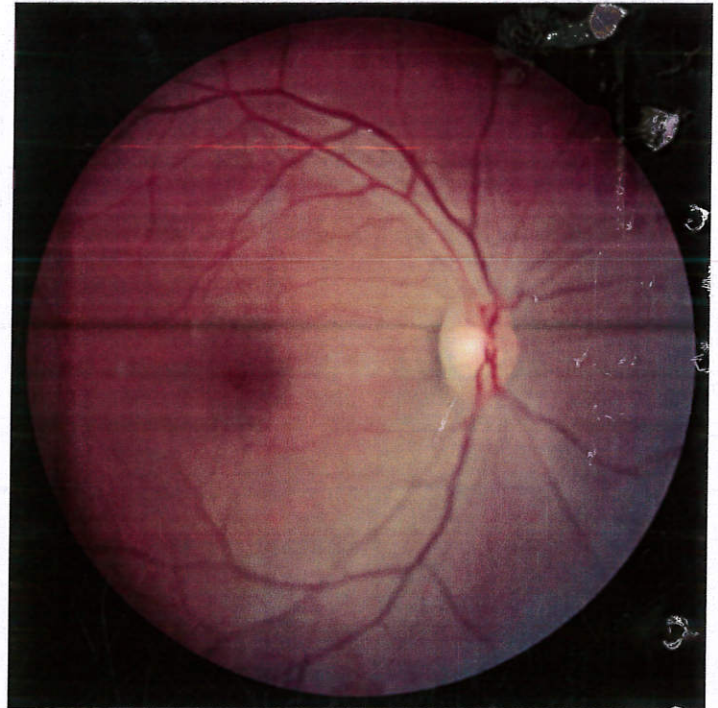
Birth Date : 3/15/1990

Study Datetime : 7/16/2019 1:00:45 PM

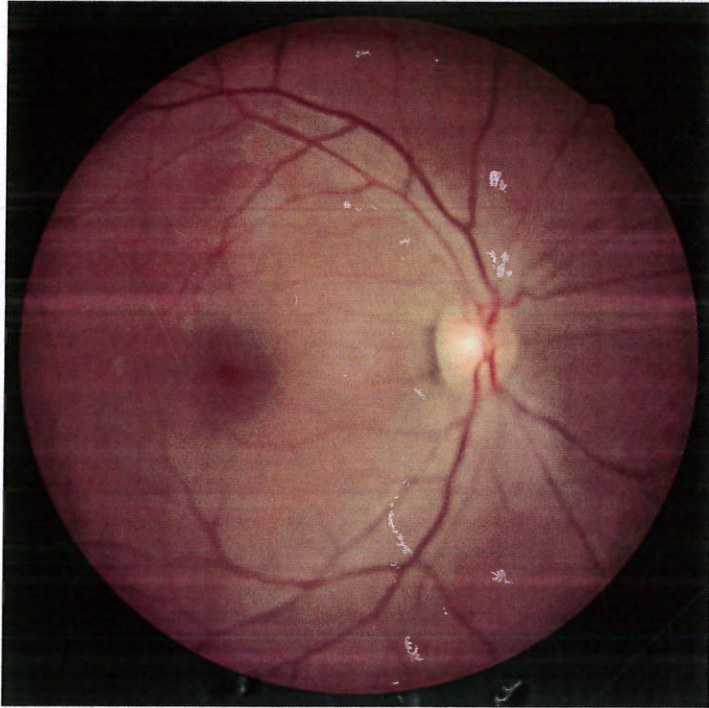
R Color



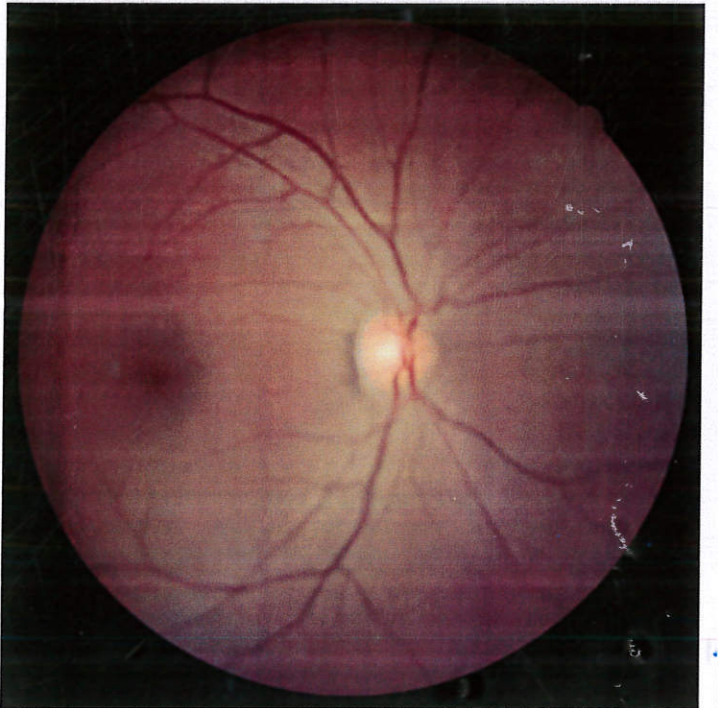
R Color



R Color



R Color



Disease Name :

Comment :

Physician's Name :

CANON

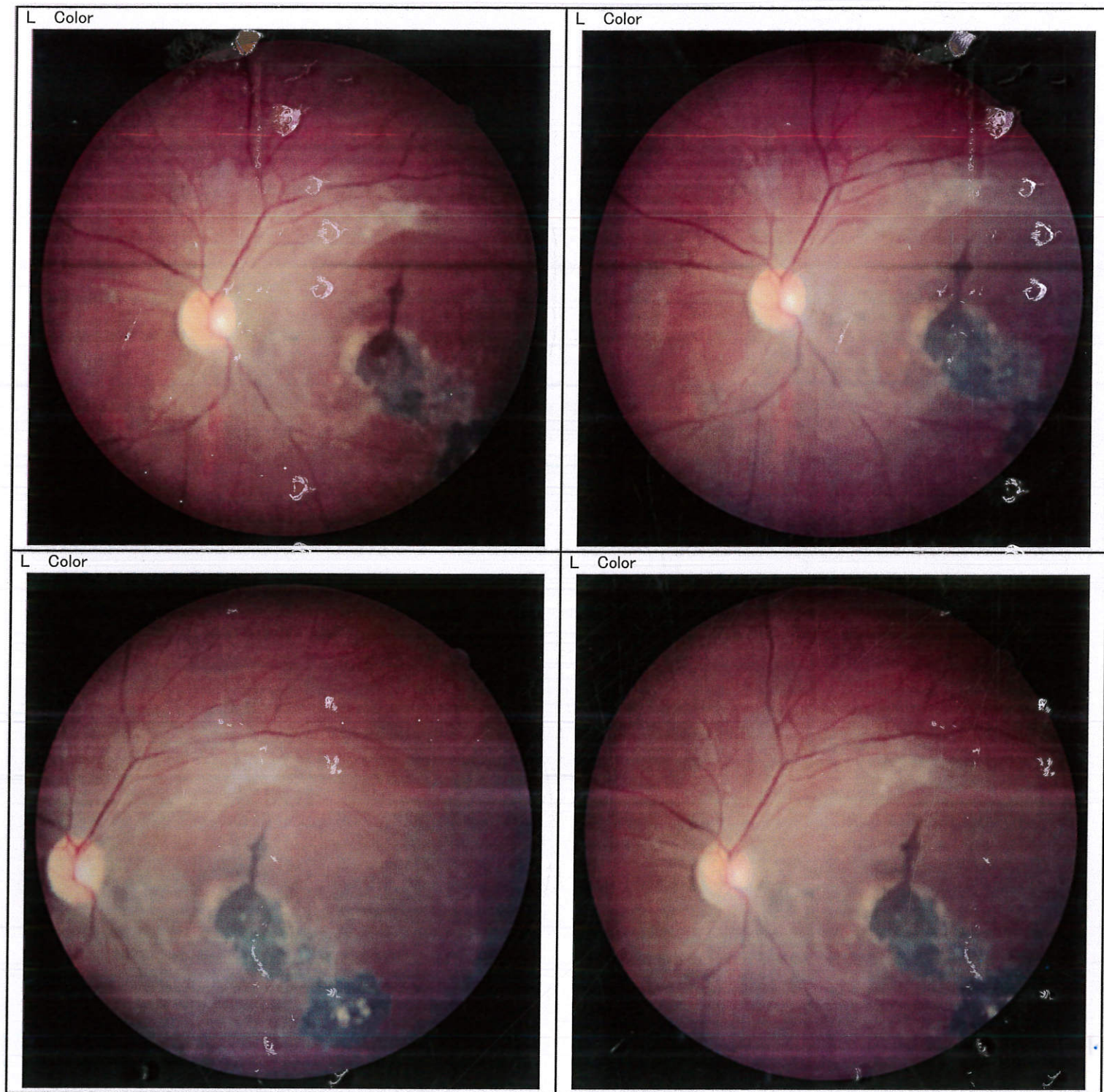
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Patient Name : ABOAGYE^JOYCE

Sex : M

Birth Date : 3/15/1990

Study Datetime : 7/16/2019 1:00:45 PM



Disease Name :

Comment :

Physician's Name :