

SURNAMES (Block Letters)

ABUKARI FUSENI

FIRST NAMES

HATIA AZARA

Sex

F

PHONE NUMBER.....

+233 246814846

ADDRESS OR RESIDENTIAL.....

PH DT K44, BATSONNA, ACCRA

OCCUPATION

HOUSE WIFE

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

WIDOWED

DATE OF BIRTH

AGE

25/11/1968

61

PLACE OF BIRTH

NYANKPAWA

ANY ALLEGIC REACTION  
TO MEDICINE

NATIONALITY

GHANAIAN

RELIGION

ISLAM

DATE OF FIRST ATTENDANCE

26-07-19

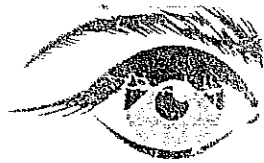
NEXT OF KIN

ADDRESS OR PHONE No. OF NEXT OF KIN

DR. ADAMS FUSENI

KB 77, KORLE-BU. TEACH. HOSP.

246814846



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Hajia Azara Abukarifuseini

CARD NUMBER: 24139

DATE: 26/7/19

W Poor vision at night in BE (LE > RE) for

2 years now. Trauma<sup>+</sup>, DM<sup>+</sup>, HPT<sup>+</sup> (on tabs) - recent history of CVA. Not using drops. - previously on retinal tears.

V<sub>R</sub>: CF @ 3m in 6/60pt

V<sub>L</sub>: HM in NIPt

Scm  
9/E

CM-T

28 30  
A

Unit

clear axes

deep AC

mid-dilated

to unreactive pupil

NR+

0.95 con 0.95

rescattered fibres.

plus

① Combyan  
b.d.  
RS

② Travatan  
CypA

③ d. 40 x. tul

for 1/2  
exg. GRTS

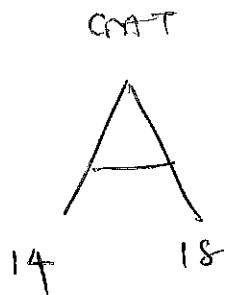
09/08/19

CN: For Review, still on the medications

Wt: 67.5kg, Pt: 6/60

1/AM, 1/PM

Exam



Quiet

dilated + unreactive  
pupils

NS +

0.55 cm 0.55

- PL. 1. gutt gabapentin 1200mg / BID  
2. gutt Travatam nocte  
3. see 4/52

W.L.



# INTER-STAR EYE CLINIC & LASER CENTER

24139

Loc: 10th Lane H/No. F764/1 Osu, RE Accra, Old American Embassy Road, Opposite  
Buka Restaurant Near Citizen Kofi. E-mail: Interstareyeclinik@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			
26.7.09	Dist	-1.0	-3.0	90		-1.0	-3.0	90				
P.D. 65mm	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"/>		CHEQUE <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>	
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE	

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
CF@8m	$6/R - 1.00 / -3.00 \times 90 = 6/60R$ $6/L - 1.00 / -3.00 \times 90 (NI) = 6/60L$		L
HM	Binoc ADD		= N
MUSCLE BALANCE		RETEST DATE	
$R - 1.00 / -3.00 \times 89$ $L - 1.00 / -4.25 \times 84$		<p>don't read</p>	