

| | | |
|---------------------------------------|-----------------------|---------------|
| SURNAMES (Block Letters) ARMERONG. | FIRST NAMES ISABEL | Sex FEMALE |
|---------------------------------------|-----------------------|---------------|

PHONE NUMBER..... 0208330911 / 0557382893

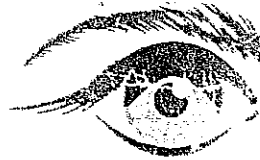
ADDRESS OR RESIDENTIAL..... GE-08-6811 ASHOMOMAN ESTATE

| | | | | |
|---------------------|----------------|----------|-------------|-------|
| OCCUPATION | MARITAL STATUS | | | |
| | MARRIED | DIVORCED | SINGLE ✓ | OTHER |

| | | | |
|-----------------------------|-----------|----------------------------------|--|
| DATE OF BIRTH 08/02/1993 | AGE 26 | PLACE OF BIRTH ACCRA-DANBOMON | ANY ALLEGIC REACTION TO MEDICINE NONE YES |
|-----------------------------|-----------|----------------------------------|--|

| | | |
|-------------------------|--------------------------|--|
| NATIONALITY GHANAIAN | RELIGION CHRISTIANITY | DATE OF FIRST ATTENDANCE 05/07/2019 |
|-------------------------|--------------------------|--|

| | |
|------------------------------|--|
| NEXT OF KIN DANIEL LARTEM | ADDRESS OR PHONE No. OF NEXT OF KIN 026783073 |
|------------------------------|--|



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Isabel Agyepong

CARD NUMBER: 23992

DATE: 5/7/19

CL: Occasional tearing, redness, blurred vision in LE for a while. Has noticed growth in LE. Trauma ϕ , not using eye drops.

V_R: 6/5 m

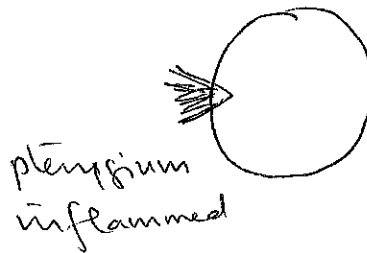
V_L: 6/12 m 4/904

Seen

of E

Conjunctiva - LE - increasing in size
redness, painful,

NCT
A
13 13



clear cornea

deep AC

np normal

clear lens

o.j. cm 0.5

(11) f. d. s.

- PL: 1. f. n. t. Tobradex Guly - LE
2. f. n. t. Teos & Natimale Guly - BE
3. for LE pterygia - excise & CAG

See 3/52

WJ

23992



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 | | | |
| 05-07-19 | Dist | Plano | | | | Plano | -1.00 | 120 | | | | |
| P.D. 65mm | Inter | | | | | | | | | | | |
| | Read | | | | | | | | | | | |

| HEIGHTS | | MONO | | BLANK | TECH SIG. CHECKED |
|---------|---|------|---|-------|----------------------|
| R | L | R | L | | |

| DISPENSING NOTES | DESCRIPTION | |
|------------------|-------------|--------------------------------------|
| | FRAME | Fullim SM-2071 50 - blue black GH# P |
| | LENSES | Suprimo photo blk 8H 250.00 200.~ |
| | COATING | |
| | SUNDRIES | |

| | | |
|---|---------|-------------|
| PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> | TOTAL | 44450 |
| | VOUCHER | paid 5/7/19 |
| | BALANCE | |
| | DEPOSIT | |
| | BALANCE | |

| DISPENSED BY | CHECKED BY | RECEIVED BY | DATE |
|--------------|------------|-------------|--------|
| | | | 9/7/19 |

| | | | |
|--|---|-----------------------------|--------------------------------------|
| SYMPTOMS & HISTORY | | OCCUPATION HUBBIES | |
| EXTERNAL EXAMINATION OPHTHALMOSCOPY | | FIELD TONOMETRY COLOUR ETC. | |
| OPHTHALMOSCOPY | SUBJECTIVE | | ACCOMMODATION |
| $\frac{6}{5}w$ $\frac{4}{12}w$ | 6/R plano = 6/5 R 6/L plano -1.00 x 120 = 6/9 Binoc ADD | | L $\frac{6}{5}$ Rdg ADD = N |
| MUSCLE BALANCE | | | RETEST DATE |
| Δup $R - 2.25 / -0.25 \times 58$ $L - 1.75 / -1.75 \times 124$ | | | |