

SURNAMES (Block Letters)

Frimpong FRIMPONG

FIRST NAMES

LAMBERT

Sex

MALE

PHONE NUMBER.....

0546894118

ADDRESS OR RESIDENTIAL.....

P.O. Box AN 19280  
Accra North

OCCUPATION

Student

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

DATE OF BIRTH

AGE

22nd May 02

17 yrs

PLACE OF BIRTH

Accra

ANY ALLERGIC REACTION  
TO MEDICINE

NATIONALITY

GHANAIAN

RELIGION

CHRISTIAN

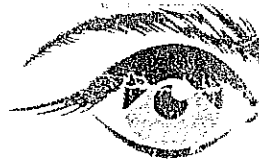
DATE OF FIRST ATTENDANCE

15th July 2019

NEXT OF KIN

ADDRESS OR PHONE No. OF NEXT OF KIN

0244467698



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Frimpong Lambert

CARD NUMBER: 24059

DATE: 15/7/19

Ch. itching in BG, tearing x 5/7,  
Gloss, headache, discharge.  
Prolapsed TOL Drought, PIL.

4th, 6/6aa

6/6aa

NCI  
^  
20 25

tarsal papillae  
BE - conj congestion  
cornea clear

Fundus - @

Adv

BE - Flarex eyedrop  
4 times/day x 2 weeks  
3 times/day x 2 weeks

BE - Refresh tears e/d  
4 times/day

Patanol eyedrop

Review in  
1 month

13/08/19

Q: For Review, no complaint

Unj G/ber

G/ber

NCT

Seem

itching

currently in full reflux tears

X  
22 24

and and

or Paternal finished  $\approx 2\frac{1}{2}$  ago

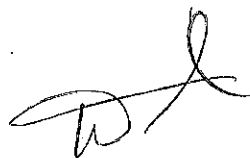
of E.

tarsal papillae  
Orbit

burnish discolouration

pl. 1. full reflux tears 6/19 - 100

2. See 4/12





# 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			
15-2-19	Dist	+0.25				PL						
P.D. 72mm	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 HOBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE <i>fogged</i>		ACCOMMODATION
<i>6/bw</i>	6/R <i>into 250</i>	= 6/6	R
<i>6/bw</i>	6/L <i>2 PL</i>	= 6/6	L
	Binoc ADD		Rdg ADD <i>26/16</i>
SCLE BALANCE			RETEST DATE
<i>Ans</i> <i>R</i> - 100 / - 25 x 164 <i>L</i> - 102 505			