

SURNAMES (Block Letters)

AMIVS

FIRST NAMES

KEKELE ARCHA

Sex

F

PHONE NUMBER.....

02 055 2700 700.

ADDRESS OR RESIDENTIAL.....

OCCUPATION

PUPIL

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

AGE

27/04/14

4yrs 5

PLACE OF BIRTH

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY

GUINEAN

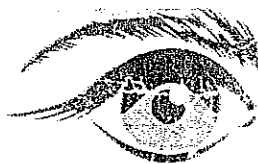
RELIGION

DATE OF FIRST ATTENDANCE

19/07hs.

NEXT OF KIN

ADDRESS OR PHONE No. OF NEXT OF KIN



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Akua Kekeli Ayivi

CARD NUMBER: 24087

DATE: 19/07/19

CL: Frequent blinking of eyes for > 1/52
not using drops

V_R: 6/9m 6/9m

V_L: 6/9m 6/9m

Seen
—
of E

Direct

clear cornea

deep AC

npn mm

clear lens

PL: 1.00mm glasses
2 see 4/52

WJ

16/08/19
CL: For Review, no complaint

npn: 6/68

6/68

Seen
9/E

Comfortable with glasses
Quiet

pl. observe

2 see ³/₁₂

WJL



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							
19-7-19		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis
	Dist	Plano	-0.75	20		Plano	-0.75	180
P.D.	Inter							
52mm	Read							

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED
R	L	R	L			

DISPENSING NOTES	DESCRIPTION	
	FRAME	Fullrim: 16038B 4117-188 P
	LENSES	Envar's 800.00
	COATING	UV S/Y 150.00
	SUNDRIES	

TOTAL	450.00
VOUCHER	GLUCO 19/7/19
BALANCE	
DEPOSIT	
BALANCE	

PLEASE TICK
CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			23/7/19

SYMPTOMS & HISTORY

OCCUPATION
HOBBIES

INTERNAL EXAMINATION OPHTHALMOSCOPY

FIELD TONOMETRY COLOUR ETC

OPHTHALMOSCOPY

SUBJECTIVE

ACCOMMODATION

6/R Plan $+1.75 \times 20 = 6/6$
6/L Plan $+1.75 \times 180 = 6/6$
Binoc ADD

R L
Rdg ADD $+0.5$
= N

LE BALANCE

Aut
 $R + 7.5 / -1.75 \times 9$
 $L - 2.5 / -1.75 \times 0$

RETEST DATE