

SURNAMES (Block Letters)

Cobb

FIRST NAMES

Valentine

Sex

Male

PHONE NUMBER.....0208829330

ADDRESS OR RESIDENTIAL.....Pokuase Agnis

OCCUPATION

Customs - Civil Service

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

AGE

14/02/77

42

PLACE OF BIRTH

Accra

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY

Ghanaian

RELIGION

Christian

DATE OF FIRST ATTENDANCE

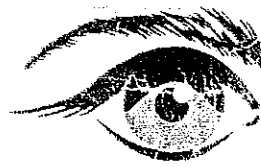
27/07/19

NEXT OF KIN

Mercy Anne D.

ADDRESS OR PHONE No. OF NEXT OF KIN

0208264113



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Valentine Cobb

CARD NUMBER: 24147

DATE: 27/7/19

Ch: Burning Sensation in BG 2 one year,
Tearing, itching, headache Glass
PMHx: Nil Dx: Dry Eye / All

Vh: 6/12ua

6/12ua

Sen
—
o/e

NCT

A
14 13

Quiet

clear cor

clear Ax

npv mm

Eros

0.3 cm 0.3

pl. 1. Diagnose Glaucoma

2. Just before tears glass

2 see 4/10

Wd



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 |
| 27/07/19 | Dist | PL | -1.25 | 90 | | +0.25 | -0.75 | 70 | |
| P.D. | Inter | | | | | | | | |
| 67mm | Read | 11.50 | | | | 11.50 | | | |

| HEIGHTS | MONO | BLANK | TECH SIG. CHECKED |
|-----------------|------|-------|-------------------|
| R 21mm L 21mm R | L | | |

| DISPENSING NOTES | DESCRIPTION | GH¢ | P |
|------------------|------------------------------|--------|---|
| | FRAME <i>Ferrari</i> | 600.00 | |
| | LENSES <i>Photo ALH prog</i> | 700.00 | |
| | COATING | | |
| | SUNDRIES | | |

| | | |
|---------------------|---------|---------------------|
| <i>bal - 600.00</i> | TOTAL | <i>1300.00</i> |
| <i>paid 26/8/19</i> | VOUCHER | <i>paid 16/8/19</i> |
| | BALANCE | <i>600.00</i> |
| | DEPOSIT | <i>600.00 paid</i> |
| | BALANCE | <i>0.00</i> |
| | DATE | <i>26/8/19</i> |

PLEASE TICK

CASH ☐

CHEQUE ☐

CREDIT CARD ☐

DISPENSED BY

CHECKED BY

RECEIVED BY

DATE

| | | | |
|---|--|-----------------------------|---------------------------------------|
| SYMPTOMS & HISTORY | | OCCUPATION HUBBIES | |
| EXTERNAL EXAMINATION OPHTHALMOSCOPY | | FIELD TONOMETRY COLOUR ETC. | |
| OPHTHALMOSCOPY | SUBJECTIVE | | ACCOMMODATION |
| <i>6/12 R</i> <i>6/12 L</i> | <i>R: PL / -1.25 X 90 = 6/5</i> <i>L: +0.25 / -0.75 X 70 = 6/5</i> Binoc ADD | | R L Rdg ADD <i>> 6/5</i> = N |
| MUSCLE BALANCE | | RETEST DATE | |
| <i>Auto</i> <i>R: PL / -1.00 X 180</i> <i>L: +0.25 / -0.75 X 66</i> | | <i>ADD 1st 1.50 D R</i> | |



INTER-STAR EYE CLINIC & LASER CENTRE

Loc: 10th Lane, Hse. No. 764, Osu RE, Opp. Buka Restaurant,
Near Old American Embassy Tel: 233-302-783832 / 027-7755354

Name: COBB VALENTINE

| RIGHT | | | LEFT | | |
|-------|-------|------|-------|-------|------|
| SPH | CYL | AXIS | SPH | CYL | AXIS |
| PL | -1.25 | 90 | -1.25 | -0.75 | 70 |
| +1.50 | | | +1.50 | | |

PD: 87mm

TYPE OF LENS: SINGLE, BIFOCAL OR PROGRESSIVE
CLASS OR PLASTIC. WHITE, TINT OR PHOTOCHROMIC

DATE: 27/07/19

SIGNATURE: [Signature]

I hereby (lend and train) to the bearer of this Note, Who is an employee
of GHANA REVENUE AUTHORITY - Customs Division

Please fill out the details below:

Staff No: CO16591 Membership No: GRA 0138257

Name VALENTINE COBB

Service Provider INTER-STAR EYE CLINIC & LASER CENTRE

Date of Attendance 27-07-2019

Approved Spectacle Limit: Ghc 800.00

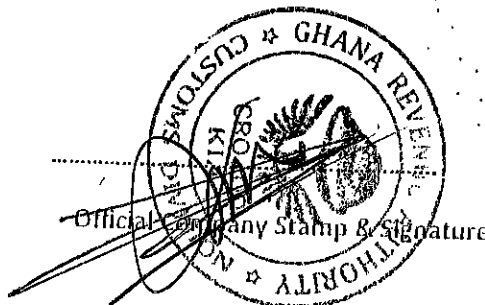
Amount In words: EIGHT HUNDRED GHANA CEDS ONLY

Spectacle to be accessed only once in 1 Year

Endorsement:

Philip Abooko - Director

Name: Head of Department/Collection/Unit



Please note that the member is to present this form together with the spectacle prescription to validate the
rest. Kindly attach this form for reimbursement.