

SURNAMES (Block Letters)

Teye

FIRST NAMES

Divine

Sex

Male

PHONE NUMBER.....

0548601376

ADDRESS OR RESIDENTIAL.....

#5 Alajo

OCCUPATION

factory hand

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER



DATE OF BIRTH

AGE

4/11/1991

25 years

PLACE OF BIRTH

Koforidua

ANY ALLEGIC REACTION
TO MEDICINE

NO

NATIONALITY

Ghanian

RELIGION

GA

DATE OF FIRST ATTENDANCE

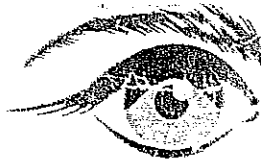
11/6/19

NEXT OF KIN

Teye Bether

ADDRESS OR PHONE No. OF NEXT OF KIN

0548601376



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Teye Divine

CARD NUMBER: 24035

DATE: 11/7/19

W: Blurred vision in BE for Y12. Trauma of
SCD, NA using drops. Specs

VA: 6/9 w 6/6 PH

VL: 6/9 w 6/6 PH

NCT

15 16

sem

of

Direct

clear area
deep AK

after pupil
clear lens

0.2 cm 0.2

PL 11 desma Jans

2 See 4/5-2

WJ



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				
11-07-09	Dist	-1.50				-0.75						
P.D. 70mm	Inter											
	Read											

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES			
	COATING			
	SUNDRIES			
PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL			
	VOUCHER			
	BALANCE			
	DEPOSIT			
	BALANCE			
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE	

SYMPTOMS & HISTORY

OCCUPATION
HUBBIES

EXTERNAL EXAMINATION OPHTHALMOSCOPY

FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY

SUBJECTIVE

ACCOMMODATION

6/9 ve

6/R -1.00 0.5

= 6/8 R L

6/9 ve

6/L -0.75 0.5

= 6/8 Reg ADD 32
= N

Binoc ADD

MUSCLE BALANCE

RETEST DATE

Aut

R -1.25 / -0.50 X 107

L -1.25 / -0.50 X 61