

AMINU KANO TEACHING HOSPITAL, KANO.

OPHTHALMOLOGY DEPARTMENT OPTICAL WORKSHOP CARD

3500



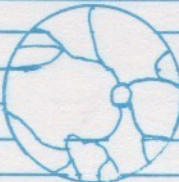

	Date	Doctor	Manner Delivery	Delivery Date	Reg. Number	Ok'd
1						
2						
3						
4						

Billed-Sent to	Sphere	Cylinder	Axis	Prism	Base	Prism Dec.	@	Lens Pattern
Dist R								
L								
Add R								
L								

Name of Frame	Color	Seg-Near-Dist. Type Color	I. P. D. Near Dist.	D.B.L. mm	Size Hor Vert	Temp	Seg. Height R L	Decentration R L
1								
2								
3								
4								

Exam	#	Deposit	Receipt	Balance	Receipt	Refund	Bill	Glasses	Cloth Case	Rec	Lens	Rx
1	#											
2	#											
3	#											
4	#											

1
2
3

Name	M F	AGE	VA	O.S	OU		
History Headaches A.M.P.M. Anytime	OLD Rx WORN, NOT WORN (CROSS OUT ONE)			AHEN PRESCRIBED			
Prietal Temporal occipital Ocular	sph cyl ax prism base						
Burning Itching Tearing	O.D						
Blur Far Near Diplopia	O.S						
	ADD O.O.	O.S	RANGE TO	ACUITY	O. D.		
Photophobia	Retinoscopy	OD		OLD Rx	O, S.		
Medication		OS			NEAR POINT ACUITY		
	Mono Subj.	OD			O, U.		
		OS					
Adnexia	Bino Subj.	OD					
Palpebra		OS					
Conjunctiva	Phoria						
Sclera	B. O						
Corne	B. I						
	Vertical						
Pupillary Reflex Mono	Phoria Near						
Near	Consensual	B. C					
Lens	OD  OS 	B. I					
		Accom Amp					
Fundus	OD  OS 	PRA		R	SPHERE		
		NRA			CYLINDER		
		Range			AXIS		
					PRISM		
					ADD		
				O.D.			
				O.S			
				R	SPHERE		
					CYLINDER		
					AXIS		
					PRISM		
					ADD		
				O.D.			
				O.S			