

URNAMES (Block Letters)

JAMBEDU

FIRST NAMES

DAVID

Sex

M

PHONE NUMBER.....

0244968284

ADDRESS OR RESIDENTIAL.....

Temta Community (2)

OCCUPATION

CLEARING AGENT

MARITAL STATUS

MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH

5/09/1987

AGE

31

PLACE OF BIRTH

TEMA

ANY ALLEGIC REACTION  
TO MEDICINE

NATIONALITY

GHANAIAO

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

5/09/17

NEXT OF KIN

EDWARD

NFT 106 (P) 3/09/17  
prepaid

1500.00  
paid 14/5/18.

ADDRESS OR PHONE NO. OF NEXT OF KIN

Temta Community (2) 0243262493



**INDIA'S FINEST EYE CLINIC & LASER CENTRE**

NAME Jambadev David

CARD NUMBER 18006

DATE 5-9-17

% Growth on R<sup>E</sup> for conjunctival discharge and photophobia in R<sup>E</sup> for C/S.

Dmt<sup>+</sup>, Hpt<sup>+</sup>, sed<sup>+</sup>, Asthma<sup>+</sup>

VR 6/9ms

VR 6/9ms

A  
B n

R - lid - O

O - conj - O

Conj - Cornea - clear

Conj - Axle - Axle

Axe - Pupil - NOS

Conj - Cornea - clear

G 0.75 - fundus - G 0.75

Imp: Superior Drus

2 Bil Ptosis (R>L)

3 Repulsive fund

Mr. 1. Both R<sup>E</sup> Ptosis fundus

2 VFT/ OCT (RNFL)

*NL*  
3. Gelt Free BE Ida  
1. Gelt Sean Nahale BE girl

Agg

7/9/10

— for oak up

CEP Cereb APS Amygd  
A RER Pupil - RLR

16 17

OCT (RNFI) 114.05  
114.22

U ~~PT~~ <sup>MD</sup> - 8.18  
- 8.34

PSD

15

2. See der  $\frac{1}{12}$ -repet vft

W. H. Munro



## THE EYE CLINIC & LASER CENTRE

NAME.....

CARD NUMBER.....

DATE.....  
Beam's Review / VPI Unpaid  
at all 17

16-05-18 RE  
EE. Rhasium exc + Mme, closed  
in 10 future

17-05-18 VR: b/q ue 6/9/14 VR b/q ue

① Any - So far noted  
Corne - visual defect

Alz - Govt

① felt Mes agreed  
(c) ad p.

① Fx am ~~6/2~~

② Tolerance tol ~~to~~

③ Acute aid ~~to~~

Ju 5/7

21-5-18 Review

vR 6/pt<sup>2</sup> m/s

vL 6/pt<sup>2</sup> m/s

(R) Cough - hypertension

Cough - clear

HR - Grade

Plan

① T

LST

8m Yr

04-06-18 e. occasional tearing in BE

vR: 6/pt<sup>2</sup> m/s

vL: 6/pt<sup>2</sup> m/s

of E

right hypochondriac

clear areas

deep AC

1. "full Exam b/wy |  
 2. full Tendon reflexes | RE  
 3. full Axilla b/wy |  
 4. See 3/s *Dik*

NAME DAVID JAMBEDU

ID 18006

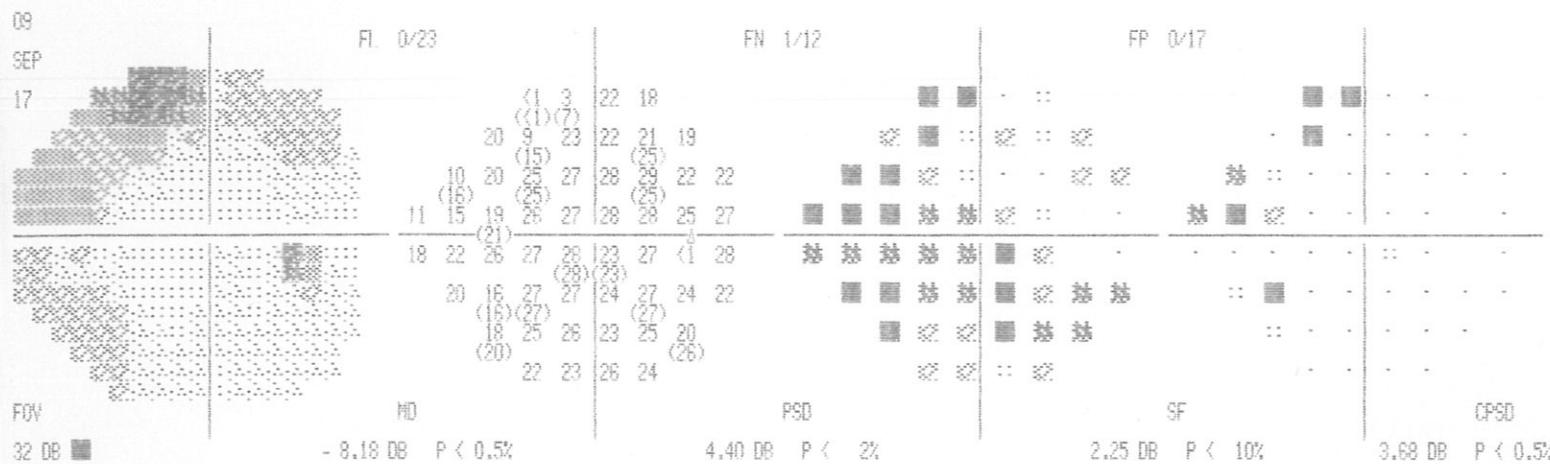
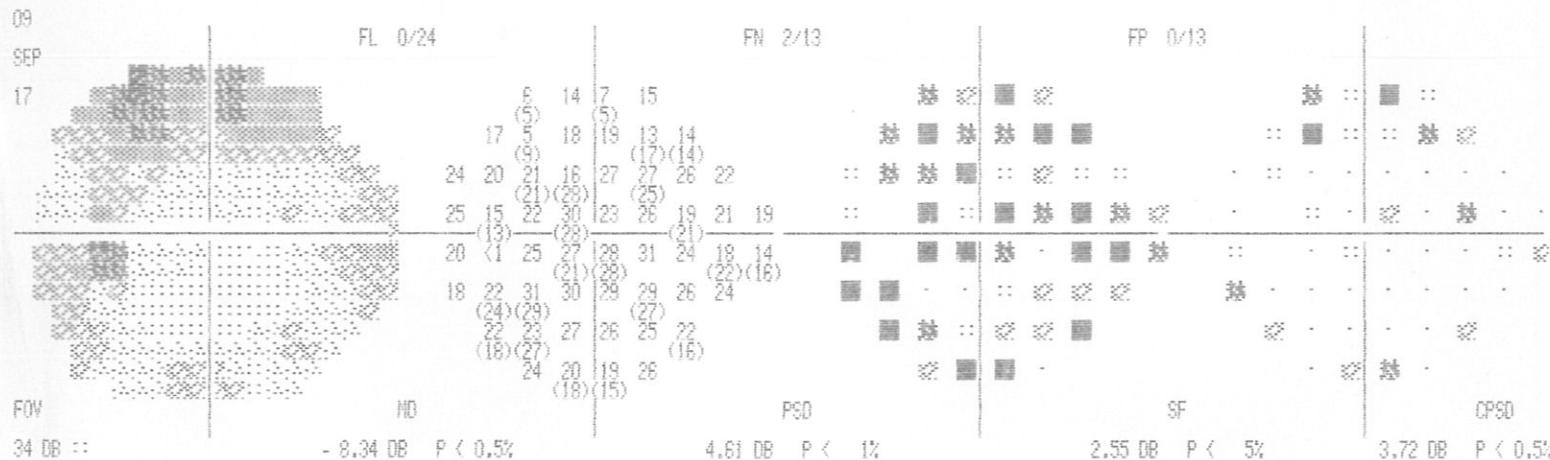
BIRTHDATE 09-05-87

GRAYTONE

NUMERIC DB

TOTAL DEVIATION

PATTERN DEVIATION

RIGHT C 2 4 - 2  
AGE 30 STRATEGY FULL THRESHOLDRX USED  
FIXATION TARGET CENTRALDS DCM  
TIME 11:54:30 AMLEFT C 2 4 - 2  
AGE 30 STRATEGY FULL THRESHOLDRX USED  
FIXATION TARGET CENTRALDS DCM  
TIME 12:13:54 PM

## PROBABILITY SYMBOLS

:: P &lt; 5%

@@ P &lt; 2%

@ P &lt; 1%

■ P &lt; 0.5%

## GRAYTONE SYMBOLS

SYM	.....	.....	.....	.....	.....	.....	.....	.....	.....	
ISB	.8 .1	2.5 1	8 3.2	25 10	79 32	251 100	794 316	2512 1000	7943 3162	2 10000
	.41 50	.38 40	.31 35	.28 30	.21 25	.16 20	.11 15	.06 10	.01 5	.00 50

INTER STAR EYE CLINIC

0277-755354/0244850200

ALLERGAN  
HUMPHREY  
REV AB

# INTER STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 233277755354

## RNFL Glaucoma Report

OD/OS

Patient: JAMBEDU, DAVID  
 Physician:  
 Operator: E., LOVERENCE  
 Disease:

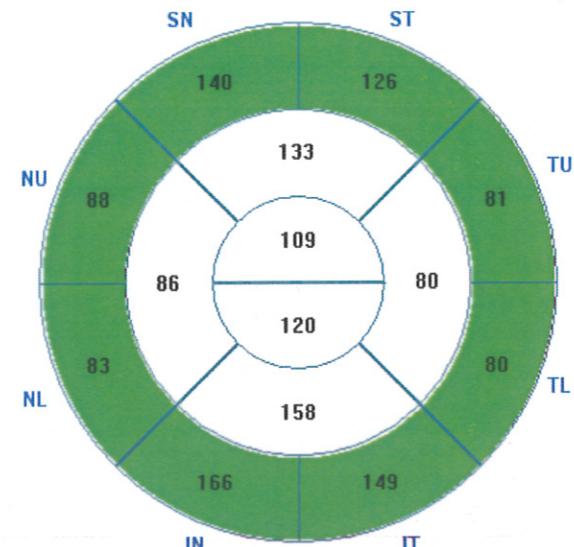
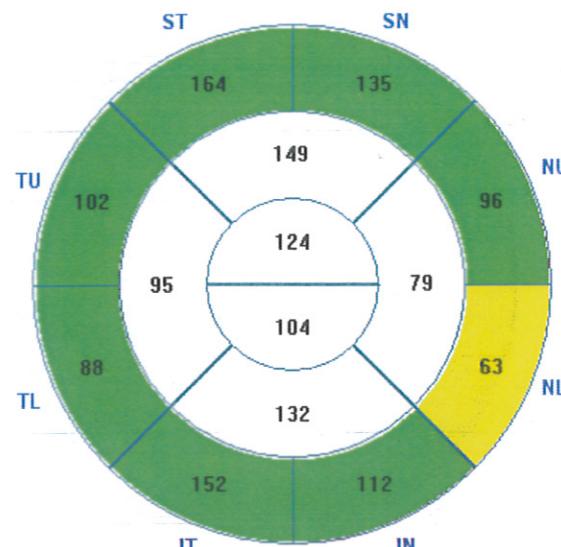
Gender: M  
 ID: 18006

Exam Date: 09/09/2017  
 DOB(age): 05/09/1987 (30)  
 Ethnicity: African Descendant  
 Algorithm Version: A6, 8, 0, 27

OD

### RNFL Analysis

OS

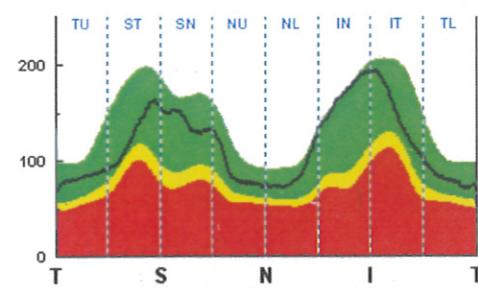
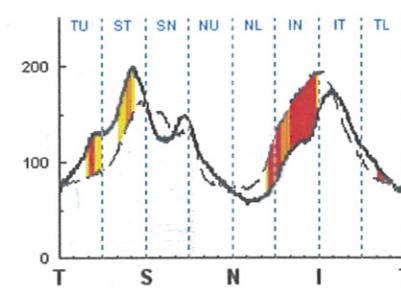
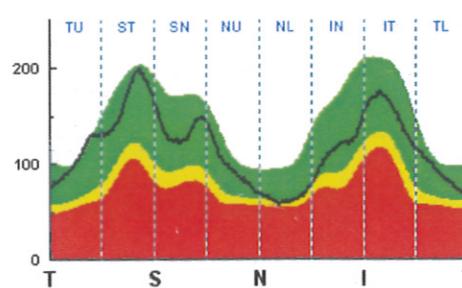


Exam Date: 09/09/2017, SSI= 86.1

RNFL Parameters	OD	OS
Avg. RNFL	114.05	114.20
Sup. Avg	124.29	108.77
Inf. Avg	103.83	119.62

Exam Date: 09/09/2017, SSI= 75.1

### TSNIT Analysis



### Symmetry Analysis

Solid line - OD  
 Dash line - OS

p>5% Within Normal  
 p<5% Borderline  
 p<1% Outside Normal

Report Date: Saturday September 09 12:26:16 2017

Software Version #6, 8, 0, 27

Comments:

Signature:

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# INTER STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 233277755354

## ONH/GCC Symmetry Analysis Report

OD/OS

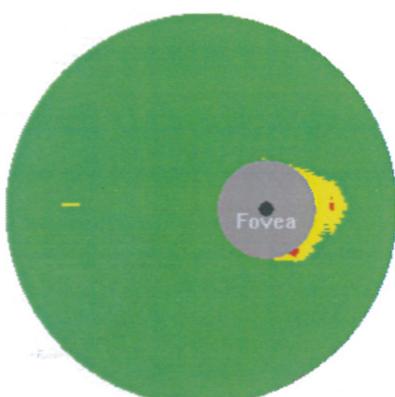
Patient: JAMBEDU, DAVID  
Physician:  
Operator: E., LOVERENCE  
Disease:

Gender: M  
ID: 18006

Exam Date: 09/09/2017  
DOB(age): 05/09/1987 (30)  
Ethnicity: African Descendant  
Algorithm Version: A6, 8, 0, 27

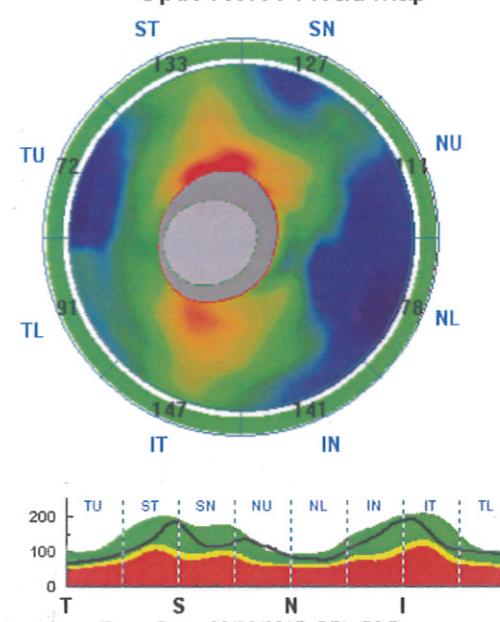
OD

### GCC Significance



Exam Date: 09/09/2017, SSI= 65.0

### Optic Nerve Head Map



Exam Date: 09/09/2017, SSI= 59.5

RNFL Parameters	OD	OS
Avg. RNFL	112.75	118.62
Sup. Avg	110.99	117.83
Inf. Avg	114.50	119.41

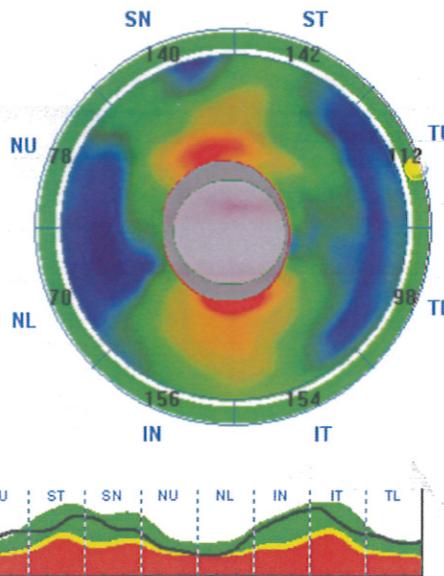
Nerve Head Parameters	OD	OS
Rim Volume (mm³)	0.093	0.068
Nerve Head Vlm (mm³)	0.232	0.139
Cup Volume (mm³)	0.447	1.171

Nerve Head Parameters	OD	OS
Optic Disk Area (mm²)	2.47	2.83
Cup/Disk Area Ratio	0.51	0.65
Horizontal C/D Ratio	0.81	0.91
Vertical C/D Ratio	0.67	0.77
Rim Area (mm²)	1.21	0.99
Cup Area (mm²)	1.26	1.84

p>5% Within Normal  
p<5% Borderline  
p<1% Outside Normal

OS

### Optic Nerve Head Map



Exam Date: 09/09/2017, SSI= 57.6

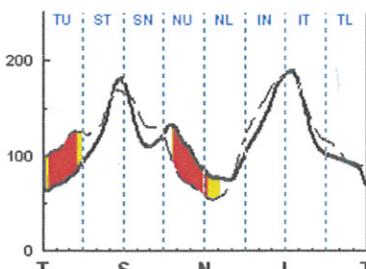
### GCC Significance



Exam Date: 09/09/2017, SSI= 70.5

GCC Parameters	OD	OS
Avg. GCC(μm)	101.08	99.89
Sup. GCC(μm)	100.03	99.12
Inf. GCC(μm)	102.17	100.67
FLV (%)	1.018	1.057
GLV (%)	1.893	1.866

Solid line - OD  
Dash line - OS



Report Date: Saturday September 09 12:26:56 2017

Software Version #6, 8, 0, 27

Comments:

Signature:

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# INTER STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 233277755354

OD

Patient: JAMBEDU, DAVID  
 Physician:  
 Operator: E., LOVERENCE  
 Disease:

Gender: M  
 ID: 18006

Exam Date: 09/09/2017  
 DOB (age): 05/09/1987 (30)  
 Ethnicity: African Descendant  
 Algorithm Version: A6, 8, 0, 27

OD

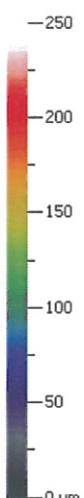
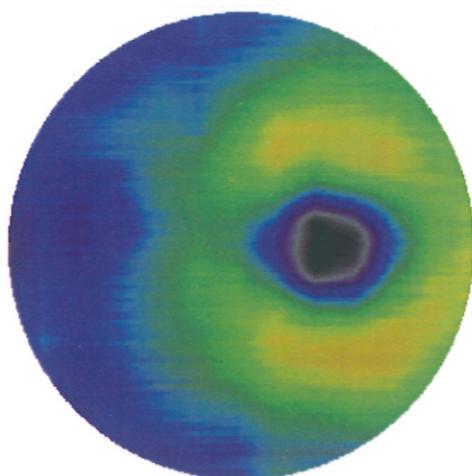
GCC

SSI = 65.0

**Thickness Map**



Thickness Map  
Thickness (µm)



Show Lines  
Range: N/A

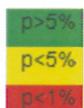
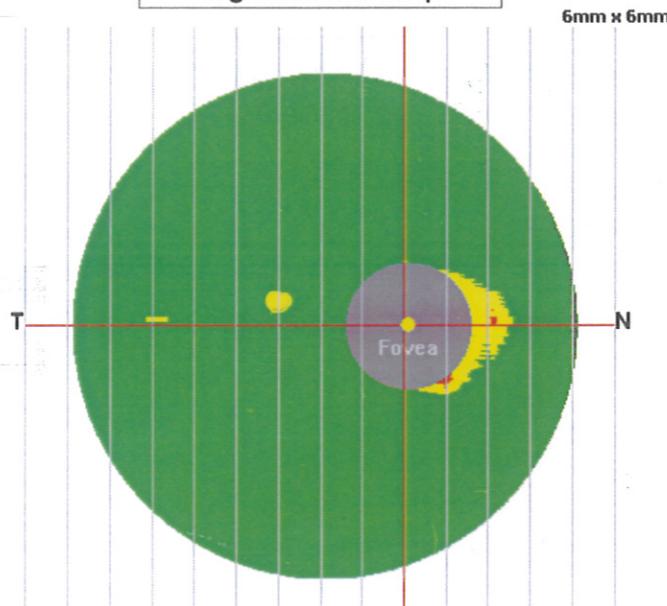
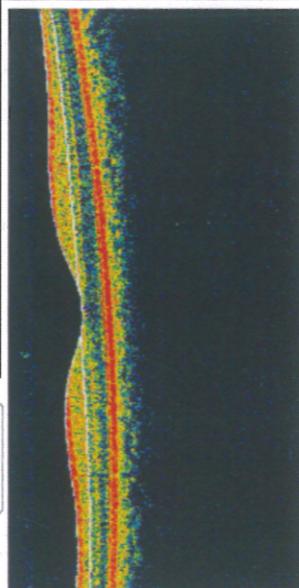
Section	Thickness	Std Dev
Average	101.08	
Superior	100.03	
Inferior	102.17	
S-I	-2.13	5.61
FLV (%)	1.018	
GLV (%)	1.893	

**Thickness**  
 Full Retinal  
 GCC  
 Outer Retinal

**GCC Thickness**  
 Deviation  
 Significance

Show Boundary Curves

**Diagnosis:**



Report Date: Saturday September 09 12:25:09 2017

Report Date: Saturday September 09 12:25:18 2017

Software Version #6, 8, 0, 27

Comments:

Signature:

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# INTER STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 233277755354

OS

Patient: JAMBEDU, DAVID  
 Physician:  
 Operator: E., LOVERENCE  
 Disease:

Gender: M  
 ID: 18006

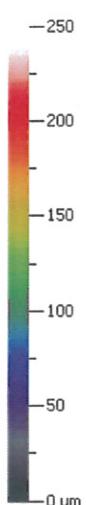
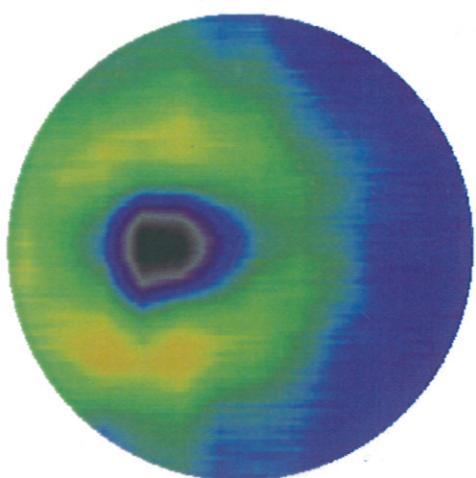
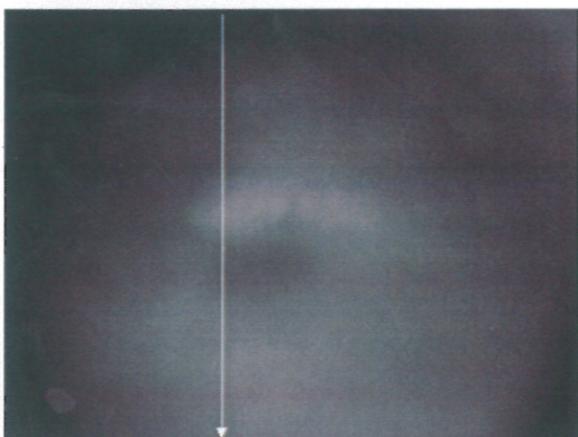
Exam Date: 09/09/2017  
 DOB (age): 05/09/1987 (30)  
 Ethnicity: African Descendant  
 Algorithm Version: A6, 8, 0, 27

OS

GCC

SSI = 70.5

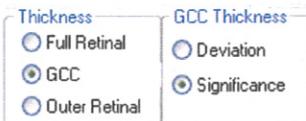
## Thickness Map



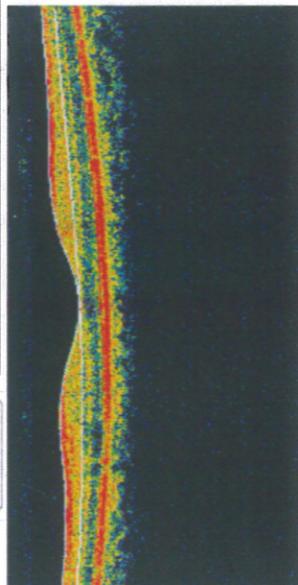
Show Lines

Range: N/A

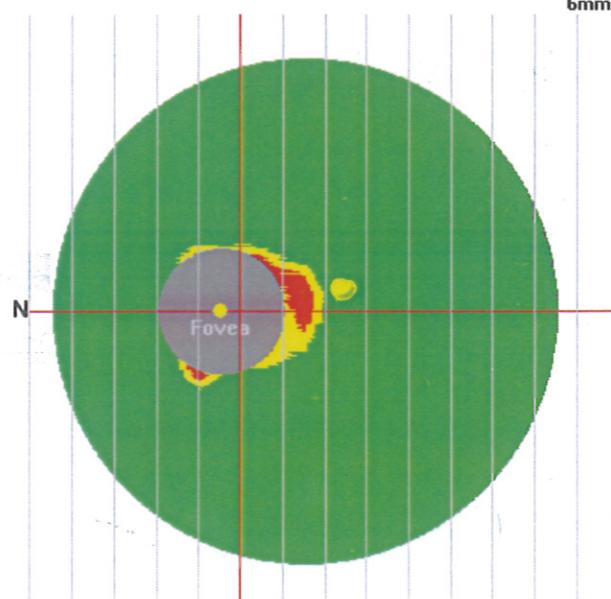
Section	Thickness	Std Dev
Average	99.89	
Superior	99.12	
Inferior	100.67	
S-I	-1.55	6.53
FLV (%)	1.057	
GLV (%)	1.866	



Show Boundary Curves



## Significance Map



Diagnosis:

Report Date: Saturday September 09 12:25:29 2017

Report Date: Saturday September 09 12:25:40 2017

Software Version #6, 8, 0, 27

Comments:

Signature:

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# INTER-STAR EYE CLINIC & LASER CENTER

1802

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	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
5-9-17	+050	-050	140		plano	-050	80	
P.D.								
73mm								
Read								

HEIGHTS	MONO		BLANK		TECH SIG. CHECKED	
R	L	R	L			
DISPENSING NOTES					DESCRIPTION	
FRAME					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 Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY	SUBJECTIVE
6/9ue	6/R +0.50/-0.50x140 = 6/ 6/L Plus 1.00x80 = 6/ Binoc ADD
	ACCOMMODATION R — L Rdg ADD 76pp = N
MUSCLE BALANCE	RETEST DATE
<u>Auto</u> R +1.00/-125 x138 L Plus 1.00x77	



## INTER-STAR EYE CLINIC & LASER CENTRE

### CONSENT FORM FOR ADULT/CHILDREN

NAME: David Jambedy -Aggapong

SEX: M

D.O.B.: 05/09/1987

ID No: 18006

### OPERATION CONSENT BY PATIENT/RELATIVE

I, David Aggapong Jambedu

On behalf of .....

Hereby consent to undergo the operation of Pterygium Excision (R.t)

The effect and nature of which has been explained to me

I also consent to such further or alternative measures as may be found to be necessary during the course of such operation and the administration of local or other anaesthetic for the purpose of same

I understand an assurance has not been given that the operation will be performed by a particular surgeon

Signature of Patient/Relative.....

Date: 14/05/2018

I, Dr T. S. Adam have seen this consent before surgery and explained the nature of the operation to patient/relative

Signature of Doctor:

Date: 14/05/18