

SURNAMES (Block Letters)

NOAH JAH

FIRST NAMES

DAVID JOHN INCE

Sex

male

PHONE NUMBER.....

0246 384772

ADDRESS OR RESIDENTIAL.....

SPINTEX, HEDRATON GSTATS

OCCUPATION

CLERSY

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓



# Bionetry (R.E)

K1 - 40.57

K2 - 41.06

A1 - 24.42

10L (p) 20.00

(0.14)

10/11/17

ES = Max + JOL

JOL = 200 yst

aurolab Aurolens 2022-02  
PMMA IOL  
Optic Ø 6.0 mm Overall Ø 12.5 mm  
REF S3602 Power +20.0  
LOT SN-BA3519-371 ISSUE 2 07 / 16

11/11/17

✓ 6/36<sup>2</sup> u, 6/24 ph

① Cornea - Intact

ACE - + 2 u/s

PCDL

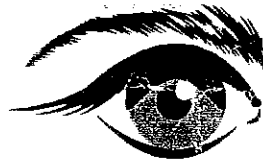
① Max fute lully

② Acher and

③ Vigamox End

④ dexam x trd p

In 5/7



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE: 16-11-17

9c Review.

u 6/24 ur, 6/5 pt

① When S-T interval used  
+ 1 axis  
PCDL

IMP

14/12

for 2/5

plan  
① CT

② Auro and AS

2-12-17 c/c Review. fb sensation in LE.

OR Clq<sub>us</sub>

OR Clq<sub>us</sub>

- (L) Cere - Sutures intact  
AZ - gut  
P (ID)

Imp  
14 12

su 3/52

- plan  
(1) Peel fur  
6x  
(2) Oxoid  
(3) 2 Tars  
2x

23-12-17 c/c Review. Redness, tearing in LE for 162. feet.

OR Clq<sub>us</sub>

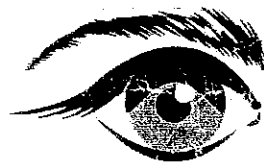
OR 6/6-2<sub>us</sub>

- (L) Cere - Hipp/Venue  
Cere - Sutures intact  
AZ - gut  
P (ID)

Imp  
13 14

su 4/52

- plan  
(1) Vaginal x 2  
(2) Tobrex  
(3) 2 Tars



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE: 20.8.18

q. For review. still on drop?

FB sensation, dryness in LE, growth in RE.

V<sub>R</sub>: 6/6<sup>ue</sup>

V<sub>L</sub>: 6/9<sup>ue</sup> 6/6<sup>mt</sup>

(L) When clear

4C — just  
V<sub>R</sub> 6/6

11 12  
I<sub>up</sub>

plan  
J. T. O. 6/6  
trd  
6/6

6/6  
J. 6/6

OR T. 6/6  
and  
6/6

LAB. No.: 17DL031745  
Patient Name: Innocent Woanyah  
Patient Age & DOB: 57 Yrs & 08/02/1960  
Patient Sex.: Male  
Patient Tel. No.: 0246384772

PUN: UN006086  
Referred By: GENERAL PRACTITIONER IN - CHARGE  
Request Unit: MEDICAL LABORATORY (ACC)  
Panel: OUT OF POCKET  
Request Date: 02/11/2017 10:16 AM  
Report Date: 03/11/2017 10:22 AM

## HAEMATOTOLOGY

Test Name(s)	Current Result(s)	Previous Result(s)	Dated	Unit(s)	Reference Range(s)
<b>FULL BLOOD COUNT</b>					
White Blood Cells (WBC)	5.34	3.92	31/05/16	10 <sup>3</sup> /μL	( 4.00 - 11.00 )
Red Blood Cells (RBC)	5.11	5.57	31/05/16	10 <sup>6</sup> /μL	( 4.50 - 6.50 )
Haemoglobin (Hb)	14.8	15.9	31/05/16	g/dL	( 13.0 - 18.0 )
Haematocrit (HCT)	44.6	45.2	31/05/16	%	( 40.0 - 52.0 )
Mean Cell Volume (MCV)	87.3	81.1	31/05/16	fL	( 76.0 - 100.0 )
Mean Cell Haemoglobin (MCH)	29.0	28.5	31/05/16	pg	( 27.0 - 32.0 )
Mean Cell Hb. Conc. (MCHC)	33.2	35.2	31/05/16	g/dL	( 31.0 - 37.0 )
Platelets (PLT)	188	153	31/05/16	10 <sup>3</sup> /μL	( 150 - 400 )
Red Cells Dist. Width - SD	40.4	38.5	31/05/16	fL	( 37.0 - 54.0 )
Red Cells Dist. Width - CV	13.1	13.3	31/05/16	%	( 11.0 - 16.0 )
Platelets Dist. Width (PDW)	12.8	10.9	31/05/16	fL	( 9.0 - 17.0 )
Mean Platelets Volume (MPV)	10.9	9.6	31/05/16	fL	( 9.0 - 13.0 )
Platelets - Large Cell Ratio	33.1	22.4	31/05/16	%	( 13.0 - 43.0 )
Plateletcrit	0.21	0.15	31/05/16	%	( 0.17 - 0.35 )
Neutrophils % (NEUT%)	46.6	45.9	31/05/16	%	( 40.0 - 75.0 )
Lymphocytes % (LYMP%)	38.4	36.0	31/05/16	%	( 15.0 - 50.0 )
Monocytes % (MONO%)	12.0	13.8	31/05/16	%	( 0.0 - 14.0 )
Eosinophils % (EOS%)	2.4	3.8	31/05/16	%	( 0.0 - 6.0 )
Basophils % (BASO%)	0.6	0.5	31/05/16	%	( 0.0 - 2.0 )
Neutrophils Count (NEUT#)	2.49	1.80	31/05/16	10 <sup>3</sup> /uL	( 1.50 - 7.00 )
Lymphocytes Count (LYMP#)	2.05	1.41	31/05/16	10 <sup>3</sup> /uL	( 0.80 - 4.00 )
Monocytes Count (MONO#)	0.64	0.54	31/05/16	10 <sup>3</sup> /uL	( 0.00 - 0.90 )
Eosinophils Count (EOS#)	0.13	0.15	31/05/16	10 <sup>3</sup> /uL	( 0.00 - 0.60 )
Basophils Count (BASO#)	0.03	0.02	31/05/16	10 <sup>3</sup> /uL	( 0.00 - 0.10 )

## DIABETES SCREENING

Test Name(s)	Current Result(s)	Previous Result(s)	Dated	Unit(s)	Reference Range(s)
Fasting Blood Glucose	4.7	4.9	03/06/16	mmol/L	( 3.5 - 6.5 )



Danmethar PED - Artemether/Lumefantrine 20/120mg  
Danmethar DS - Artemether/Lumefantrine 40/240mg  
Danmethar Adult - Artemether/Lumefantrine 20/120mg  
Danmethar PDR - Artemether/Lumefantrine 20/120mg

Antimalarial manufactured by **danadams**



**DANPONG MEDICAL LABORATORY**  
67 NUNGUA LINK, SPINTEX ROAD, BAATSONA, ACCRA - GHANA  
P.O BOX TS 73, TESHIE ACCRA - GHANA  
Tel: (+233-30) 2811155 / 2811153  
Fax: (+233-30) 2812014  
Email: lab@danponggroup.net  
website: www.danponggroup.net  
www.danadamsgh.com

LAB. No.: 17DL031745  
Patient Name: Innocent Woanyah  
Patient Age & DOB: 57 Yrs & 08/02/1960  
Patient Sex.: Male  
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Request Unit: MEDICAL LABORATORY (ACC)  
Panel: OUT OF POCKET  
Request Date: 02/11/2017 10:16 AM  
Report Date: 03/11/2017 10:22 AM

End Of Report

CLINICAL REMARK

As with all diagnostic test(s), a definite clinical diagnosis should not be based on the result(s) of a single test, but should only be made by a physician after all clinical and laboratory findings have been evaluated.

Electronically Validated By: AGLAGO



Danmethers PED - Artemether/Lumefantrine 26/120mg  
Danmethers DS - Artemether/Lumefantrine 40/240mg  
Danmethers Adult - Artemether/Lumefantrine 20/120mg





# INTER-STAR EYE CLINIC & LASER CENTRE

## CONSENT FORM FOR ADULT/CHILDREN

NAME: DAVID JOHN INNOCENT WLOAM YAH  
SEX: Male  
D. O. B: 08 102 11960  
ID No: 18330

### OPERATION CONSENT BY PATIENT/RELATIVE

I, DAVID JOHN INNOCENT WLOAM YAH

On behalf of .....

Hereby consent to undergo the operation of Laser Cataract Surgery (L.E)

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: 07/11/2017

I, DR Y S ADAM have seen this consent before surgery and explained the nature of the operation to patient/relative

Signature of Doctor: [Signature]

Date: 07/11/17



# INTER-STAR EYE CLINIC & LASER CENTER

18330

Loc: 10th Lane H/No. F764/1 Osu, RE Accra, Old American Embassy Road, Opposite  
Buka Restaurant Near Citizen Kofi. E-mail: Interstareyeclinik@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			
2-12-17	Dist	Plen				075						
P.D.	Inter											
7lmm	Read	+2.25				+3.00						

HEIGHTS		MONO		BLANK	TECH SIG: CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION	PRICE
	FRAME	2567-0097-47 4140
	LENSES	400.~
	COATING	180.~
	SUNDRIES	

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	944 530.~
	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 6/9ug	6/R Plans (nls) = 6/ 6/L -0.75 DS = 6/9 Binoc ADD	R Rdg ADD 7/6 L = N5	
MUSCLE BALANCE		RETEST DATE	
Add +3.00 DS + 2.25 DS (R) Auto R +1.50/-0.75 X 48 L -1.50/-2.25 X 12.		J2	

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/6-4 Hm 48	6/R <i>plano CNIS.</i> = 6/6 6/L <i>NI</i> = 6/ Binoc ADD		R Rdg ADD L 7 6/6 = N
MUSCLE BALANCE	<i>Auto</i> <i>Add + 2.50 DS.</i> <i>R + 1.25 / - 0.75 X 34</i> <i>L</i>		RETEST DATE