

SURNAMES (Block Letters)

SINTIM - POKU

FIRST NAMES

MILICENT

Sex

F

PHONE NUMBER..... 0276 1133222

ADDRESS OR RESIDENTIAL..... TANTRA - HILL

OCCUPATION

HOUSE WIFE

MARITAL STATUS

MARRIED	DIVORCED	SINGLE	OTHER
✓			



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Md. Millicent Sintun - Poku

CARD NUMBER: 13358

DATE: 9/09/2016

% seeing shadows in RE for 2/52. poor
vision in LE for 7/yr

DM - Ø

VR 6/12nd m, 6/12th
6/9^{ptt}

VL 6/6²³ m, N. 5^{ptt}
6/6²³ yl.

B1 astigmatism

DOP

Circular
Cofast

Lens

Circular
Cofast

D2 18 4/63 ← fables S-T meander
from nonfable

- from strands to

to meander
4/63

pla-

O-O^T
(meander)

② Between lens
4/63

in 4/63
(meander)

11-4-17 Dr. Review

VR 6/12gt

n left eye

OCT → VMT = submucular
hole.

Fuchs → OS ~~SCN~~ slow
STP + metformin
fibrosis involving
muculus

Plan: leave alone.

see 3/12

Dr. Branson

Name SINTM - POKU MILLICENT
BD 11/04/1957 (60year0month)

Date

11/04/2017

ID R2034544

Sex

Female

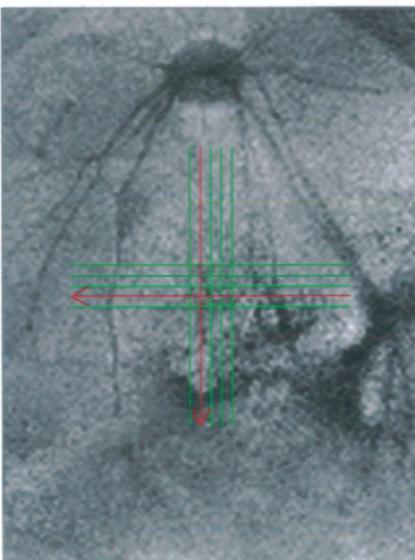
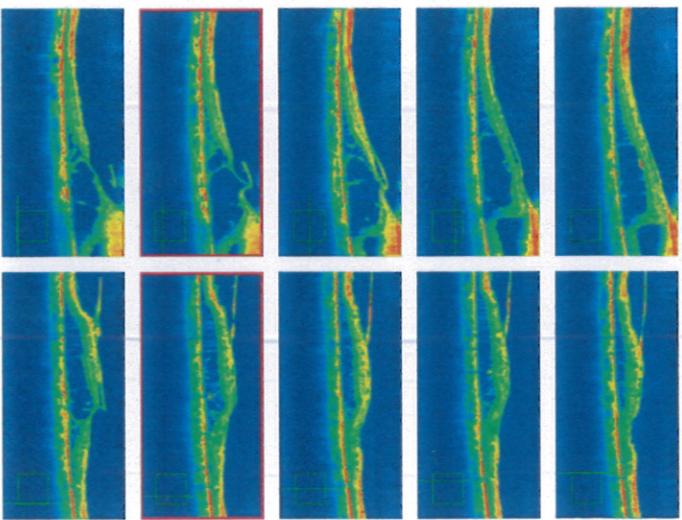
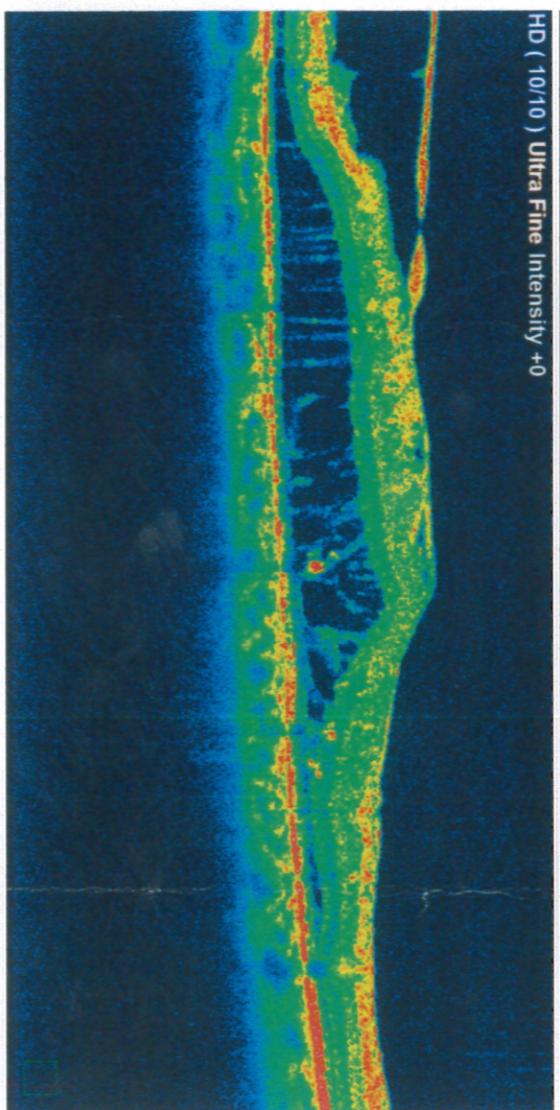
OCT Setting:MACULA MULTI CROSS(6.0mm[1024], Pitch=0.225mm)

Eye:L

*R*etina Scan

L S/N Version(F/S) Date SQI SSI SLO Focus [D] Axial [mm]
L 740252 10101/1.01.01 11/04/2017 12:41:35 --- 9/10 --- -1.25 Guillstrand

HD (10/10) Ultra Fine Intensity +0



Name	SINTM - POKU MILLICENT
ID	R2034544
Date	11/04/2017
Sex	Female

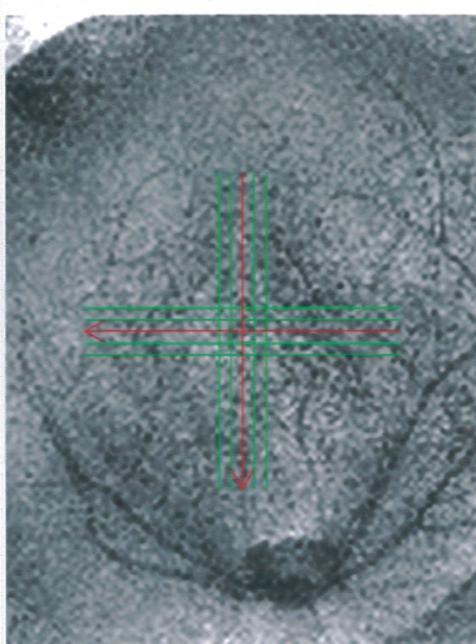
S/N	Version(F/S)	Date	SQI	SSI	SLO	Focus [D]	Axial [mm]
R 740252	10101/1.01.01	11/04/2017 12:39:55	---	10/10	---	+1.00	Gullstrand
L 740252	10101/1.01.01	11/04/2017 12:41:35	---	9/10	---	-1.25	Gullstrand

Eye:Both

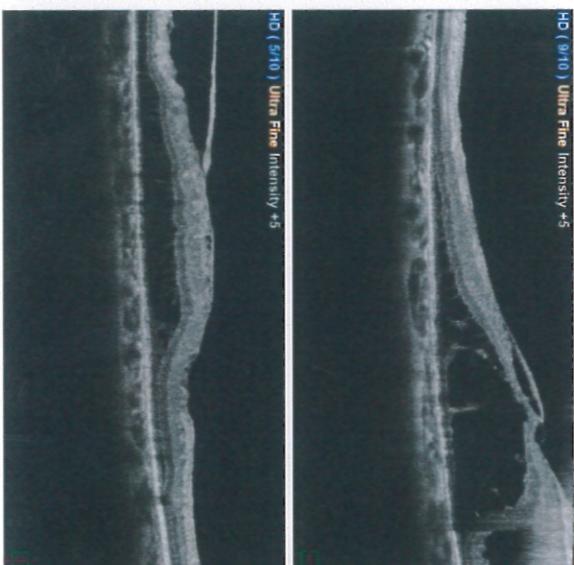
OCT Setting:MACULA MULTI CROSS(6.0mm[1024], Pitch=0.225mm)

 Retina Scan Duo

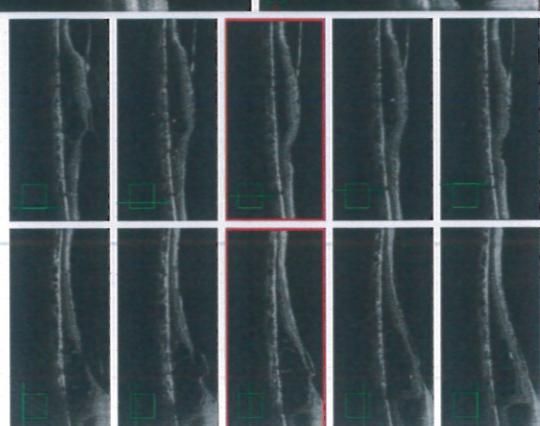
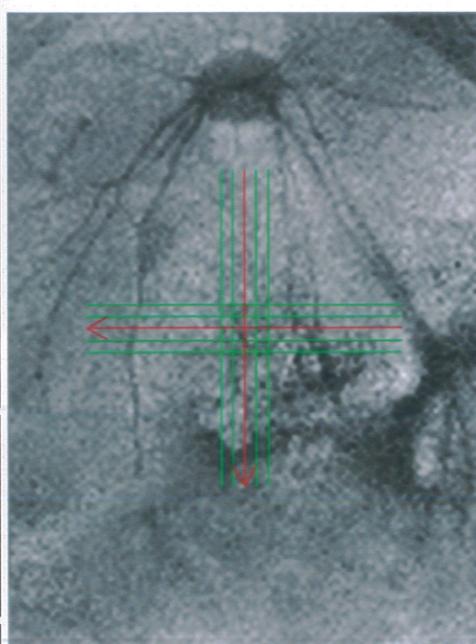
Both
R 740252
L 740252



HD (9/10) Ultra Fine Intensity +5



HD (9/10) Ultra Fine Intensity +5



OCT Setting:MACULA MULTI CROSS(6.0mm[1024], Pitch=0.225mm)

**Eye:R
Duo**

Name	SINTIM - POKU MILLICENT	ID	R2034544
BD	11/04/1957 (60year0month)	Date	11/04/2017
		Sex	Female

13358



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	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
9-9-16	Dist +0.75				Plans			
P.D.	Inter							
64mm	Read +2.75				+2.75			

HEIGHTS R L	MONO		BLANK		TECH SIG. CHECKED		
	R	L					

DISPENSING NOTES	DESCRIPTION		GH¢ P	
	FRAME			
	LENSES			
	COATING			
	SUNDRIES			

PLEASE TICK	TOTAL		
	VOUCHER		
	BALANCE		
	DEPOSIT		
	BALANCE		
CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>	DISPENSED BY CHECKED BY RECEIVED BY DATE

SYMPOMS & HISTORY	OCCUPATION Hobbies	
EXTERNAL EXAMINATION OPHTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.	
	Balanced R +0.75 DS = 6/9 Add L Plano 0/60 +2.75 MS	
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
6/12q/	6/R +0.75 DS = 6/9 6/L -1.50/-1.00X180 = 6/60-2 Binoc ADD	R L Rdg ADD 76/9 = N 5
MUSCLE BALANCE	Add +2.75 DS	RETEST DATE J2
Auto R +0.75/-1.25X52 L -1.50/-1.00X1	+2.75 DS	