

URNAMES (Block Letters)
MUSAH

FIRST NAMES
ALHASSAN MOHAMMED BEN

Sex
MALE

PHONE NUMBER.....0244 114365

ADDRESS OR RESIDENTIAL.....BLK 8 B ROOM 1, SITE B, COMMUNITY 3,
TEMA.

OCCUPATION
PENSIONER

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH	AGE
12/1979	66

PLACE OF BIRTH
KOFORIDUA

ANY ALLERGIC REACTION
TO MEDICINE

NATIONALITY
GHANESE

RELIGION
MUSLIM

DATE OF FIRST ATTENDANCE
13/09/2016

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
ALLAH BEN MOHAMMED	0208815959

CHF 5000. - paid 13/9/16.



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mr. Alhassan Mohammed Ben Musah CARD NUMBER: 13397

DATE: 13/9/2016

referred from MHA specialist
hospital for @ PPV

⑩ eye-
completely
cataract

YL-CF1.5m
② Corneal vascularization
behind iris
102 → displaced
where haze

15 retina attached

Plan: for OS PPV

② eye PPV MHA. Routine
+ as follows
+ as follows see Dr. Brannan
Dr. Brannan
Dr. Brannan

14/09/16

$\frac{1}{2}$ - CF $\frac{1}{m}$

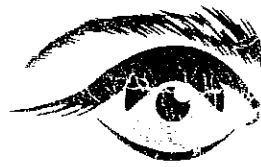
Lid - Swollen
conjunctiva - injected
cornea - clear

ALC - formed. Air bubble.
pupil - dilated
corical matter.

~~Plan~~ IMA - red glow
seen
nothing at all.

Plan: At. Treatment BE note -
at. Tears machine (pressure free)
only left eye.
at. refresh Lignol 0.1% left eye
at. ecomed only left eye
at. Vigamox 0.1% left eye

See next w/e Thursday
Dr. Brannan



INTER-STAR EYE CLINIC & LASER CENTRE

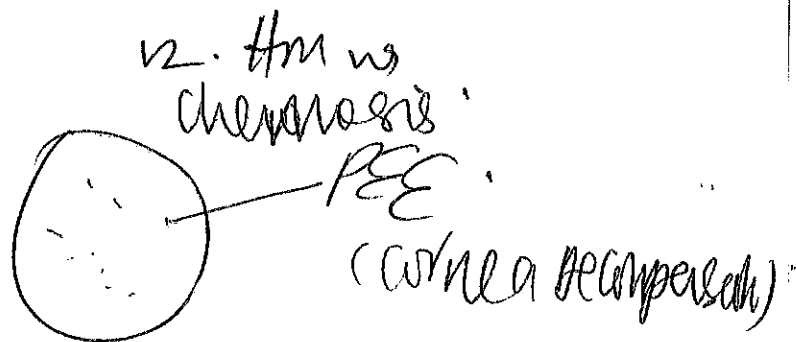
NAME:

CARD NUMBER:

DATE: 22-9-16

C/c Review: FB sensation and tearing in LE since Surgery.

VR NPL.



PCIOL

PMa - poor view
retina attached

Plan: Tab. Amoxiclav 625mg ⁷/_{xs}
Tab. Vitamin C 500mg ⁷/_{xs}
U. Econopres plus 4ml ³/_{LE}
CA. Vigamox QID ³/_{LE}
CT → nebel 4mp ²/_{LE}
Tear. Natural Free.
or. Posimol