

URNAMES (Block Letters)
AMPO

FIRST NAMES
VICTORIA BOATEMA

Sex
FEMALE

PHONE NUMBER..... 0244256750 (next of kin)
.....

ADDRESS OR RESIDENTIAL..... P.O. Box LG 587, LEGOM
.....

OCCUPATION
TIRED COMMUNITY HEALTH
NURSE MIDWIFE

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
			WIDOWED
.....

DATE OF BIRTH	AGE
10/1925	90

PLACE OF BIRTH
AKROPONG AKUAPEM

ANY ALLERGIC REACTION
TO MEDICINE
.....

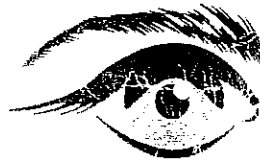
NATIONALITY
ANAIAM

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
9th SEPTEMBER 2016

NEXT OF KIN	ADDRESS OR PHONE No. OF NEXT OF KIN
cy Bampo ADDO (Mrs)	P.O. Box LG 587, LEGOM - 0244256750

- Staff 100.00 paid 9/11/16 -
1 (P) 9/11/16 - 4R.



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Md. Victoria Boatema Bampo

CARD NUMBER: 13369

DATE: 9/9/2010

C/c Blurred vision and difficulty reading in BE
for a while. pain in BE on occasion.
Headache⁺.

Dm⁺, HPT⁺ (5 yrs on meds)

UR 6/36us, 6/24pt.

RL 6/24us, 6/18pt.

Conjunctiva

R

normal

L

I.o.p

12 mmHg

Cornea

clear

Lens

P. phacole

OU PCIO

OU PCIO (R) > (L)

base ✓

mauler ✓

fringe

base ✓

mauler ✓

Retina attached OU

Plan: OU Yag laser capsulotomy
at-retreat Lignol OU
of Brinjal

9-11-16 4e Review

10-6/1296

12-6/1296

Case of bilaterally pseudophakia.

40-blurred vision whilst ready

Indicators
4e - Pseudophakia with PCO

PLAN

Ready for YAG laser capsulotomy

Get Refresh Tears BE qid

Epithelium of PE done. Jc.

9/11/16

R/L YAG Post Capsulotomy

	Pulse	Energy	Total Pulse	Total Energy
R:	1	3.0	17	50
L:	1	3.0	15	36

Jc 6/52

Plan
© Tobralex
2ch
BE



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 30/3/17.

% Vchung ~ General Vision is 65

V_R 6/12 (refraction),
J.7 @ 40cm.

V_L 6/9 - 2
refraction.
J.7 @ 40cm

KCS

PCLO — lens — 1CDL

DP
1414

Man
① R. Jcl note
65

② R. Tears
red
65

Ju 3/12

13369.



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	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism			
9-9-16	Dist	+2.00	-1.50	90		+2.00	-2.00	90				
P.D.	Inter	(9-11-16)										
65MM	Read	+3.00				+3.00						

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	Full rim Brown	135		
	BSL 8606	COL 21/53	16.4	400.00
	LENSES	White S/Y	180.00	
	COATING			
SUNDRIES				

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	580.00
	VOUCHER	paid 11/4/17
	BALANCE	280.00
	DEPOSIT	300.00 paid
	BALANCE	380.00

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			11/4/17

OWN RX
reading J8.

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/36w 6/24up	6/R +2.00/-1.50x90 = 6/24 ^R 6/L +2.00/2.00x90 = 6/18 ^L Binoc ADD		Rdg ADD 76/18 ^L = N 3
MUSCLE BALANCE	Add +3.50D		RETEST DATE J7

R

C +2.75/-3.75x90