

RNAMES (Block Letters)

BETOH

FIRST NAMES

IRENE

Sex

F

PHONE NUMBER.....

0264132098 / 0248137739

ADDRESS OR RESIDENTIAL.....

LABADI

OCCUPATION

STUDENT

MARITAL STATUS

MARRIED



DIVORCED

SINGLE

OTHER

DATE OF BIRTH

05/85

AGE

31

PLACE OF BIRTH

ACCRA

ANY ALLEGIC REACTION  
TO MEDICINE

NATIONALITY

GANA/CAF

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

22/09/16

NEXT OF KIN

EDY AHIAKU

- 5/6/16 -

jection - Gmt 800.00 paid 22/3/16

200.00 paid 21/3/17

ADDRESS OR PHONE NO. OF NEXT OF KIN

0246131121

out (P) 4/8/17

out 4/8/18.



## INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Md. Irene Obetoh

CARD NUMBER: 13493

DATE: 22/09/2016

9% blurred vision in BB for dys - RDL.

Asthma<sup>q</sup>, sed<sup>1/2</sup>.

glasses + (6/12)

vr c@4m w., 6/60gr  
6/36-2w

vr 6/36w, 6/9gr

M. seg - mild

ammonia

body  
elements

A  
20 20  
(squeezing lids) OSE

some  
elements

yellowish  
deposit

amorphous forms

wp: O V macular dysmorph  
- ? Best LP  
? Stargardt LP

Plan: OET A - malinex

Mr. Branci

5-10-16 dc Review

✓ R confirmation,  
BL 600gl

✓ Elsewhere, Otago

OCT (R/L manner RT  
detachment) (309)  
335

Plan  
③ R/L Arveston  
by

22-12-16

R/L Arveston by (0.05m)

8m 4%  
8m 4%

Plan  
③ Vigorot 2nd 65



## INTER-STAR EYE CLINIC & LASER CENTRE

NAME: .....

CARD NUMBER: .....

DATE: 3/2/17.

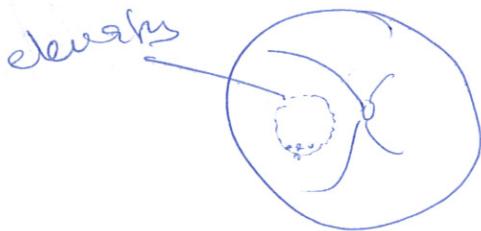
Q/C: Review. No complaint. Vision - same  
as before. Se use w/ spect  
 $V_R 6/6 +1$        $V_L 6/6 gl$

Normal Udr Normal

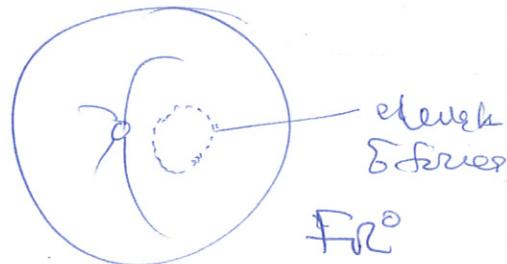
Quies - Als Quies

R/R pup - R/R

Clear - Clear



fuller



Exo

Pls see in 3 months (visually)

S. hem

13/17

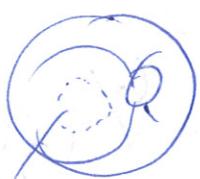
c.c.: Review: Pans in the R-E

✓ 6/36 fl

✓ 6/9 gl.

Our not yet done

A  
18 18



Macular RPE  
detachment



Macular RPE  
detachment

Ant - A/S - Ant

- fundus



Macular RPE  
detachment

Mr. will need 2nd Avastin injection - R/L. - Book

flf

4-8-17 % Review-

✓ 6/60 w/ 6/60, 6/60 gl w/ 6/36 w/ 6/9 gl  
6/36 ph

Ant - A/S - Ant

A  
ca ca  
(unoperative)



Macular RPE detachment



RPE detachment

Mr.

1. Book for 2nd R/L Unoperated Avastin injection

flf



# Eye Clinic & Laser Centre

06/06/19

CARD NUMBER

DATE

Ok for Review, no complaint

VN: 6/38 sp

NCT

A

16/16

6/9 sp

BN quote

clear - lens - clear

Int post pole - fibres - meter + Inf  
post pole white  
white dots

post pole white  
dots

Plas

→ fles predn-Sone

30s  $\frac{1}{2}$

20s  $\frac{1}{2}$

15s  $\frac{1}{5}$

② fles maxium

20s

day

see  $\frac{4}{5}$  J.A + O.I (meter)  
Dr Branimir



# PC EYE CLINIC & LASER CENTRE

NAME

CARD NUMBER

DATE

9/8/16 6/9/17

## OPERATION NOTES

- RE Intraocular Avastin injection (0.05ml) given under LA and aseptic conditions.
- LE Intraocular Avastin injection (0.05ml) given under LA and aseptic conditions

Port of injection condition - still fairing.

fly

✓  
1. Gutt Vigamox BE jd  
2. Eye 4 Oz

18-03-19 ε: far charge & glasses

VR - 6/36 kg. 6/18 ph.

VL - 6/36 kg. 6/18 ph.

NG  
 △  
 18  
 (17)  
 15  
 (14)

Sem

of 5

Quiet

Clear urine

dry AC

n/a point

deletes ~~on~~!

OCT - macula

08/5/19. ε for review

WCT  
 △  
 21  
 18

VR: 6/36 gr

VL: 6/12 gr

Sem

of 5

Quiet

dilated pupil

bit intraocular fluid  
(macula)

pl... WA (bil) → skeptical peeker glass.

2. Discrete glass.

3. See 4/52

# INTER- STAR EYE CLINIC AND LASER CENTRE

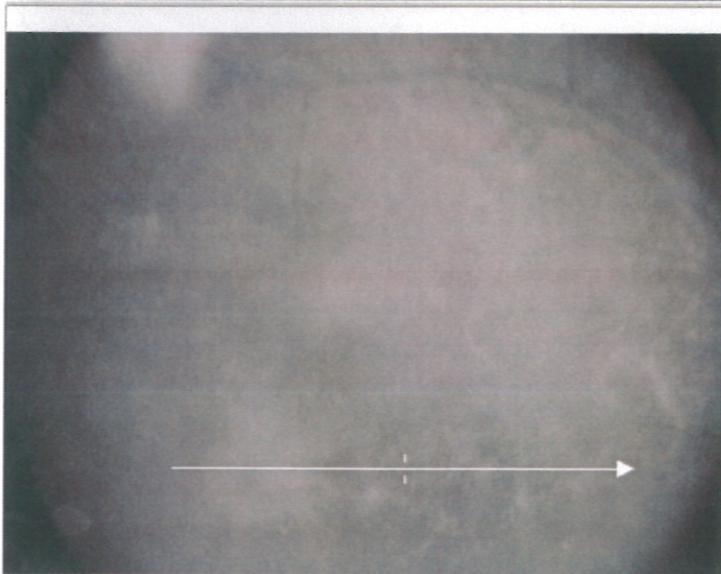
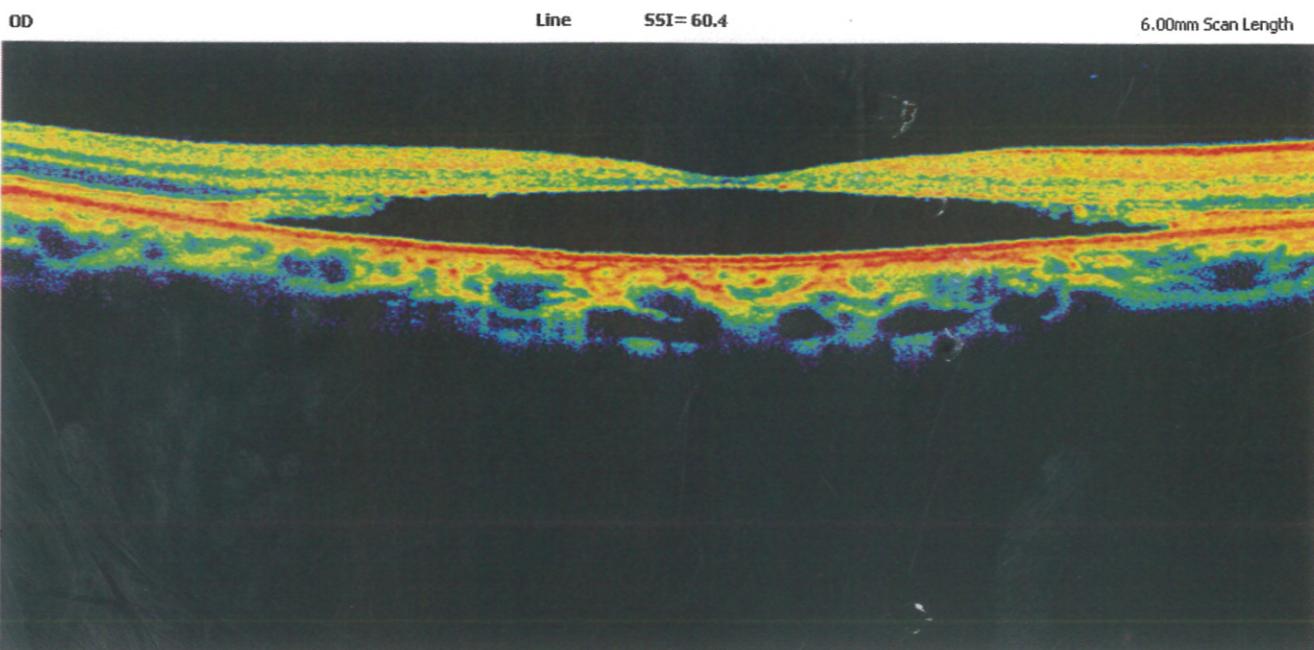
OSU ACCRA . 233277755354

OD

Patient: OBETTOH, IRENE  
Physician: CEESAY, W.DR  
Operator: E., LOVERENCE  
Disease:

Gender: F  
ID: 13493

Exam Date: 08/05/2019  
DOB (age): 11/05/1985 (33)  
Ethnicity: African Descendant  
Algorithm Version: A6, 8, 0, 27



# of Averages: 20

Average

No Average

Diagnosis:

(Redacted area)

Report Date: Wednesday May 08 10:58:51 2019

Report Date: Wednesday May 08 10:58:58 2019

Software Version #6, 8, 0, 27

Comments:

Signature:

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# INTER- STAR EYE CLINIC AND LASER CENTRE

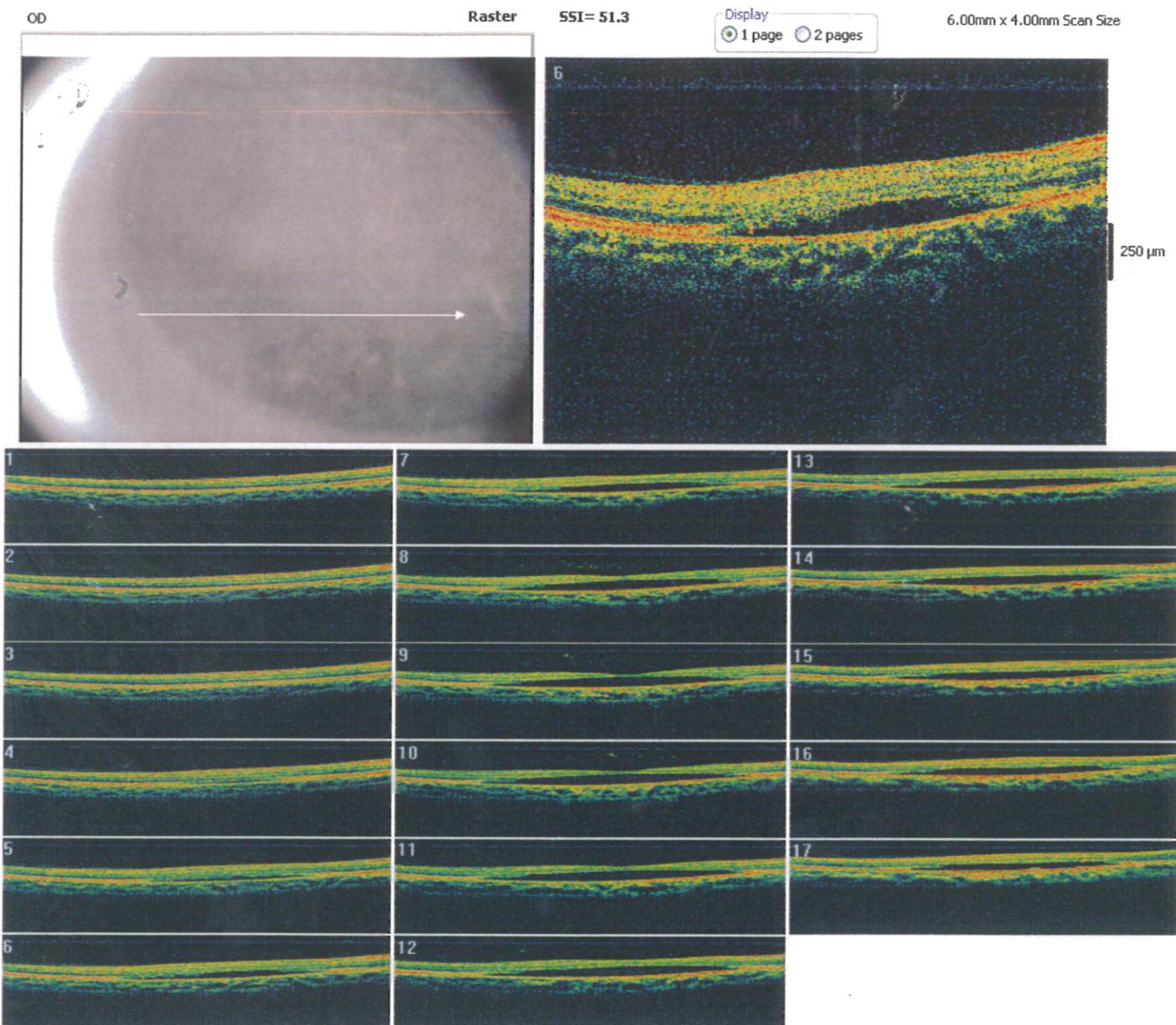
OSU ACCRA . 233277755354

OD

Patient: OBETTOH, IRENE  
Physician: CEESAY, W.DR  
Operator: E., LOVERENCE  
Disease:

Gender: F  
ID: 13493

Exam Date: 08/05/2019  
DOB (age): 11/05/1985 (33)  
Ethnicity: African Descendant  
Algorithm Version: A6, 8, 0, 27



Report Date: Wednesday May 08 10:59:00 2019

Report Date: Wednesday May 08 10:59:19 2019

Software Version #6, 8, 0, 27

Comments:

Signature:

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# INTER- STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 233277755354

OS

Patient: OBETTOH, IRENE  
Physician: CEESAY, W.DR  
Operator: E., LOVERENCE  
Disease:

Gender: F  
ID: 13493

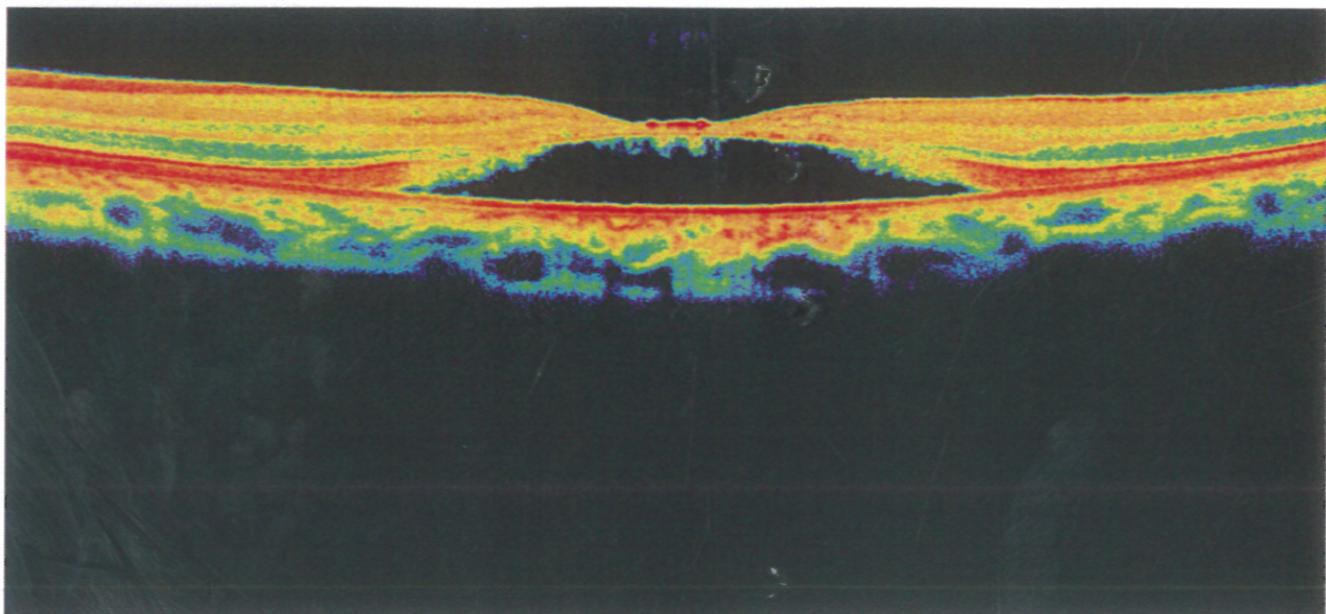
Exam Date: 08/05/2019  
DOB (age): 11/05/1985 (33)  
Ethnicity: African Descendant  
Algorithm Version: A6, 8, 0, 27

OS

Line

SSI= 75.9

6.00mm Scan Length



# of Averages: 26

Average

No Average

**Diagnosis:**

Report Date: Wednesday May 08 10:59:21 2019

Report Date: Wednesday May 08 10:59:25 2019

Software Version #6, 8, 0, 27

Comments:

Signature:

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# INTER- STAR EYE CLINIC AND LASER CENTRE

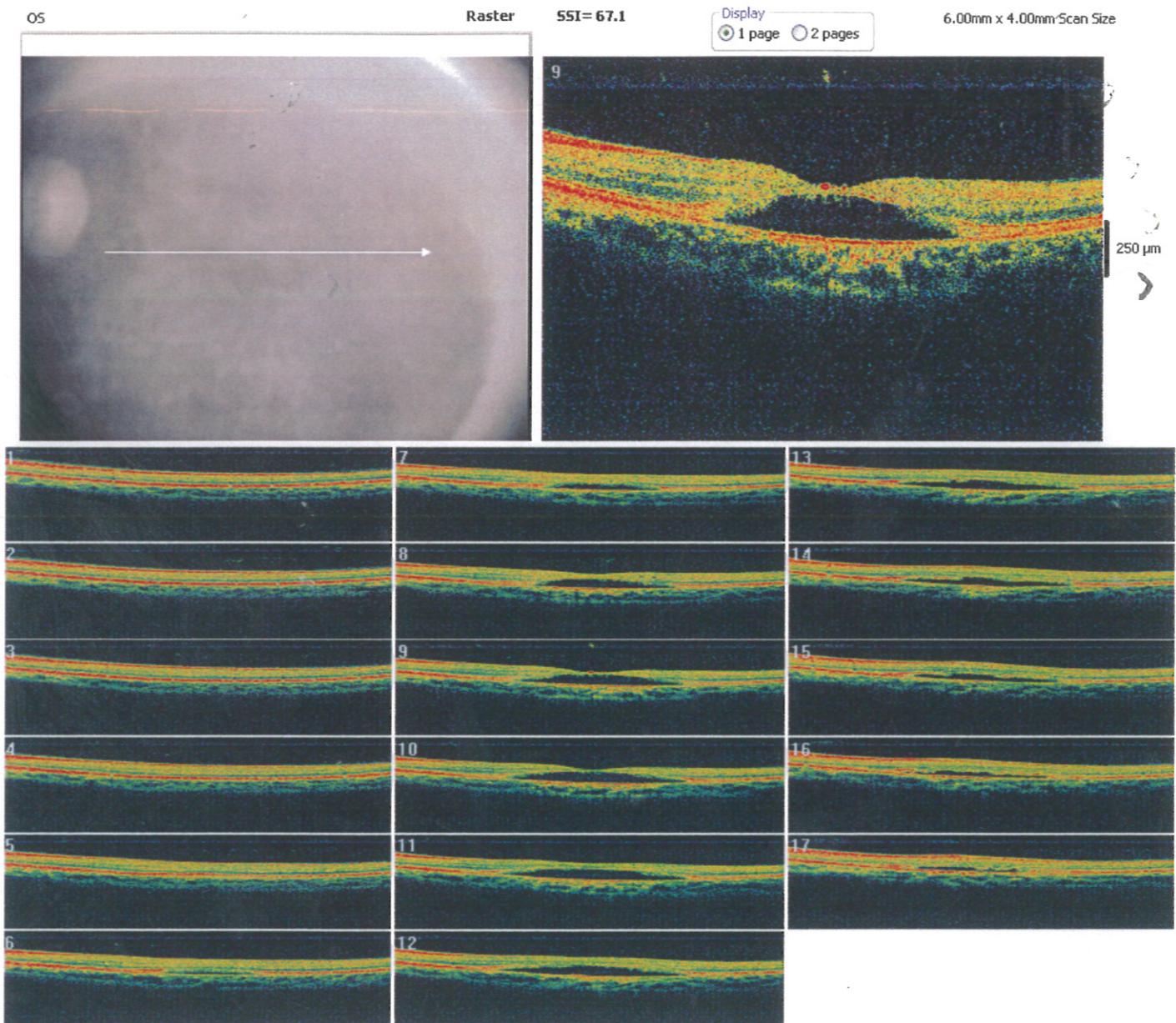
OSU ACCRA . 233277755354

OS

Patient: OBETTOH, IRENE  
Physician: CEESSAY, W.DR  
Operator: E., LOVERENCE  
Disease:

Gender: F  
ID: 13493

Exam Date: 08/05/2019  
DOB (age): 11/05/1985 (33)  
Ethnicity: African Descendant  
Algorithm Version: A6, 8, 0, 27



Report Date: Wednesday May 08 10:59:27 2019

Report Date: Wednesday May 08 10:59:35 2019

Software Version #6, 8, 0, 27

Comments:

Signature:

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# INTER- STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 233277755354

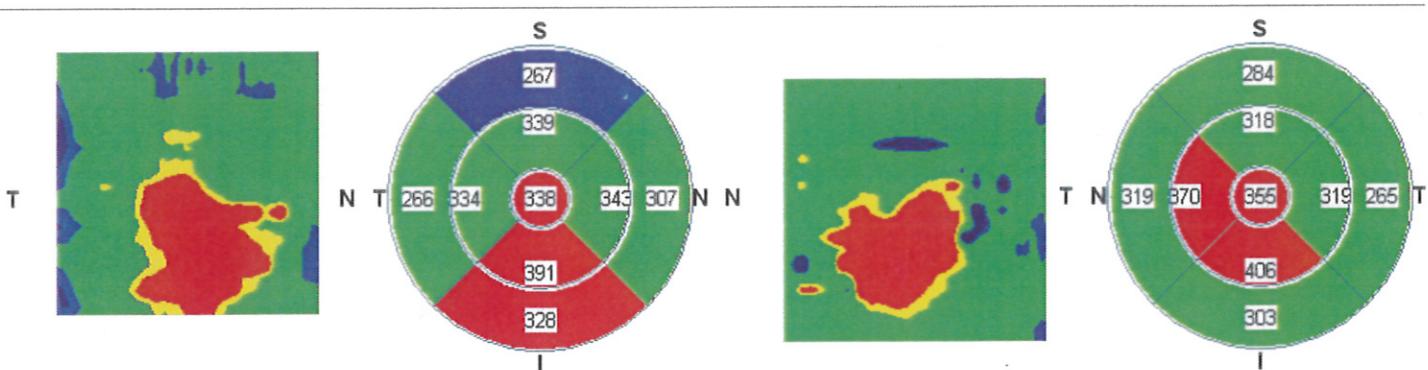
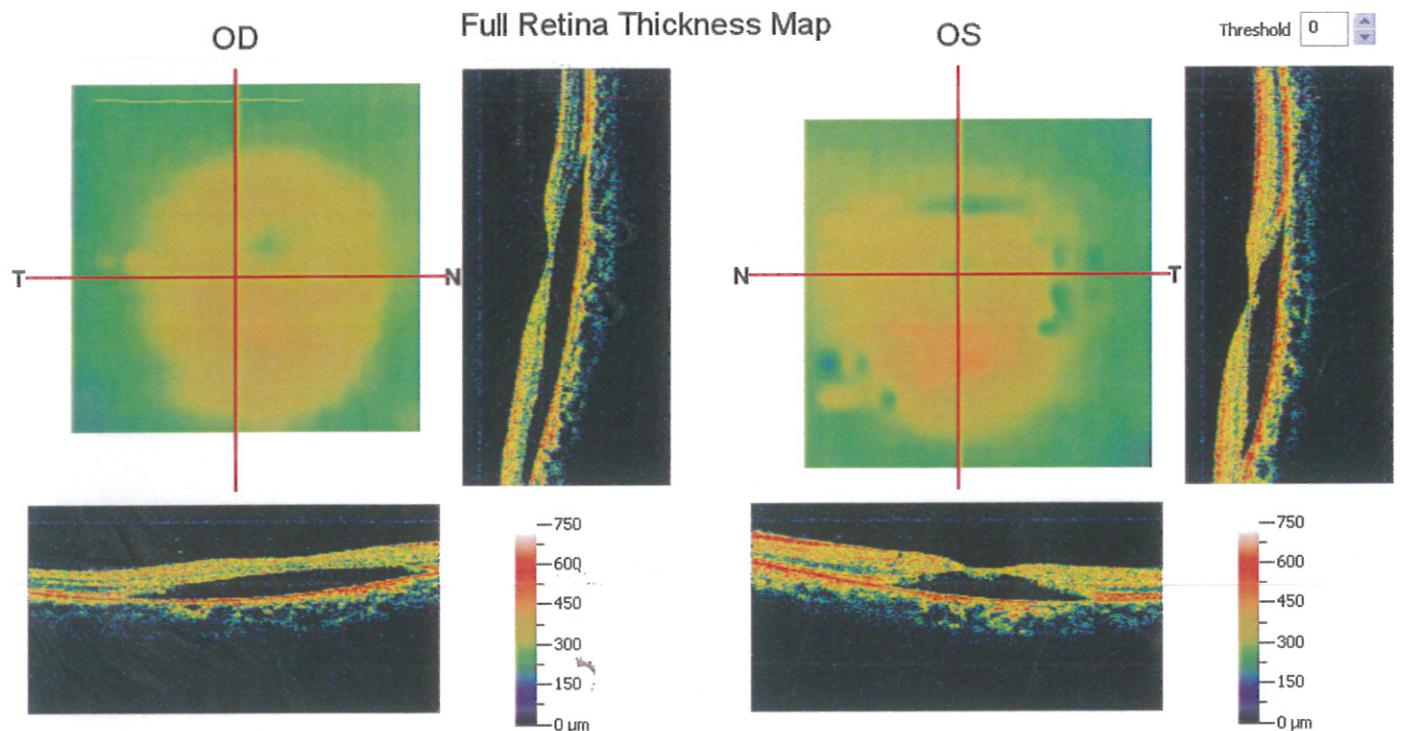
## Macula Map(EMM5) Retina Report

OD/OS

Patient: OBETTOH, IRENE  
Physician: CEESAY, W.DR  
Operator: E., LOVERENCE  
Disease:

Gender: F  
ID: 13493

Exam Date: 08/05/2019  
DOB(age): 11/05/1985 (33)  
Ethnicity: African Descendant  
Algorithm Version: A6, 8, 0, 27



p>99% Outside Normal
p>95% Borderline
p>5% Within Normal
p<5% Borderline
p<1% Outside Normal

Report Date: Wednesday May 08 10:59:57 2019

Software Version #6, 8, 0, 27

Comments:

Signature:

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## INTER-STAR EYE CLINIC & LASER CENTRE

### CONSENT FORM FOR ADULT/CHILDREN

NAME: IRENE OBETO H.

SEX: FEMALE

D. O. B: 11/05/1985

ID No: 13493

### OPERATION CONSENT BY PATIENT/RELATIVE

I, IRENE OBETO H.

On behalf of Myself

Hereby consent to undergo the operation of Avastin injection B/L eyes

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: [Signature]

Date: 06/09/2017

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

Signature of Doctor: .....

Date: .....

# INTER-STAR EYE CLINIC

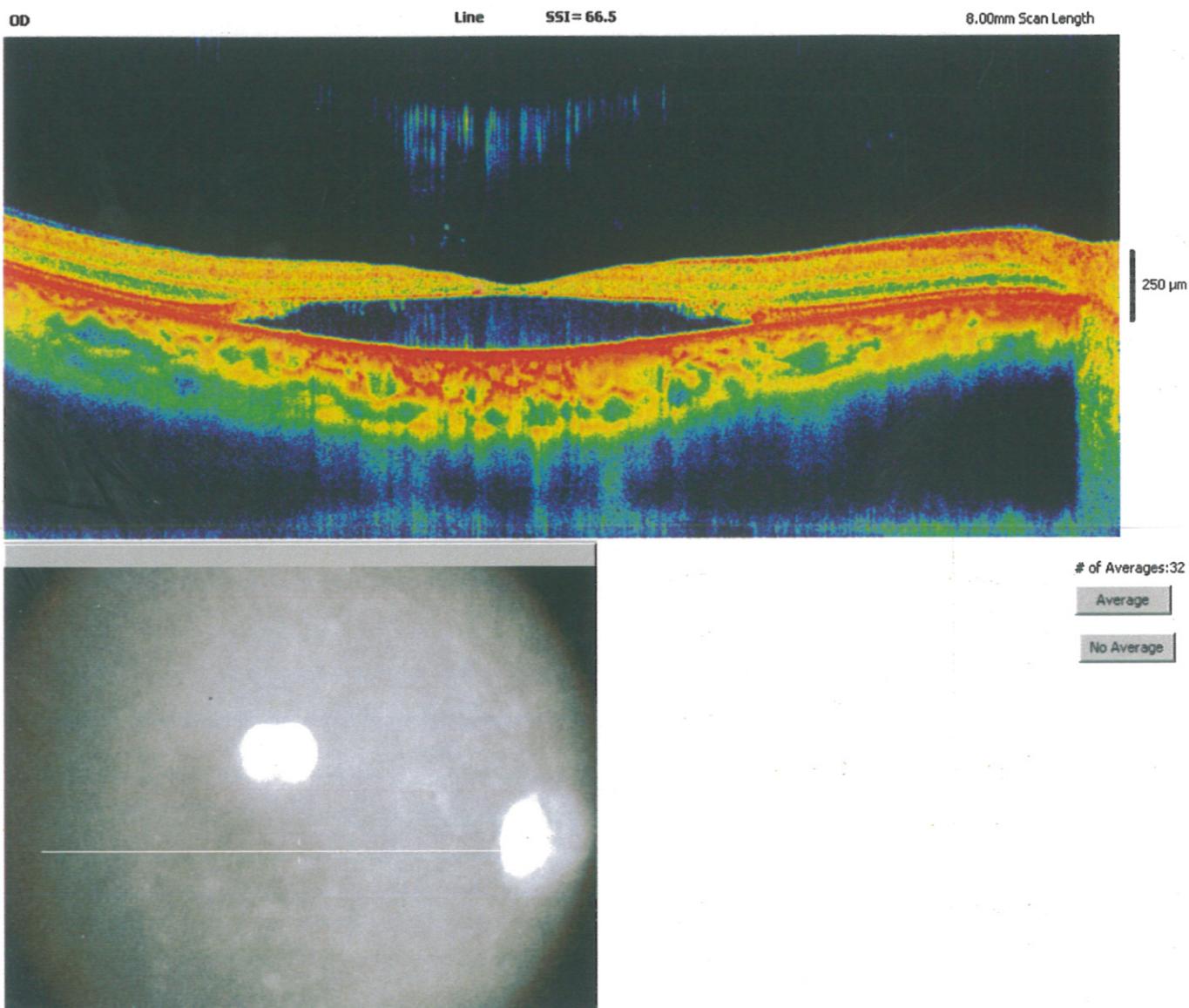
5th Lane, Hse. No F525/1 Osu . 0302783832

OD

Patient: OBETTOH, Irene  
Physician:  
Operator: Seglah, Geoffrey  
Disease:

Gender: F  
ID:

Exam Date: 05/10/2016  
DOB (age): 11/05/1985 (31)  
Ethnicity:  
Algorithm Version: A6, 1, 0, 4



**Diagnosis:**

[Empty text box for diagnosis]

Report Date: Wednesday October 05 17:25:43 2016

Report Date: Wednesday October 05 17:25:48 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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# INTER-STAR EYE CLINIC

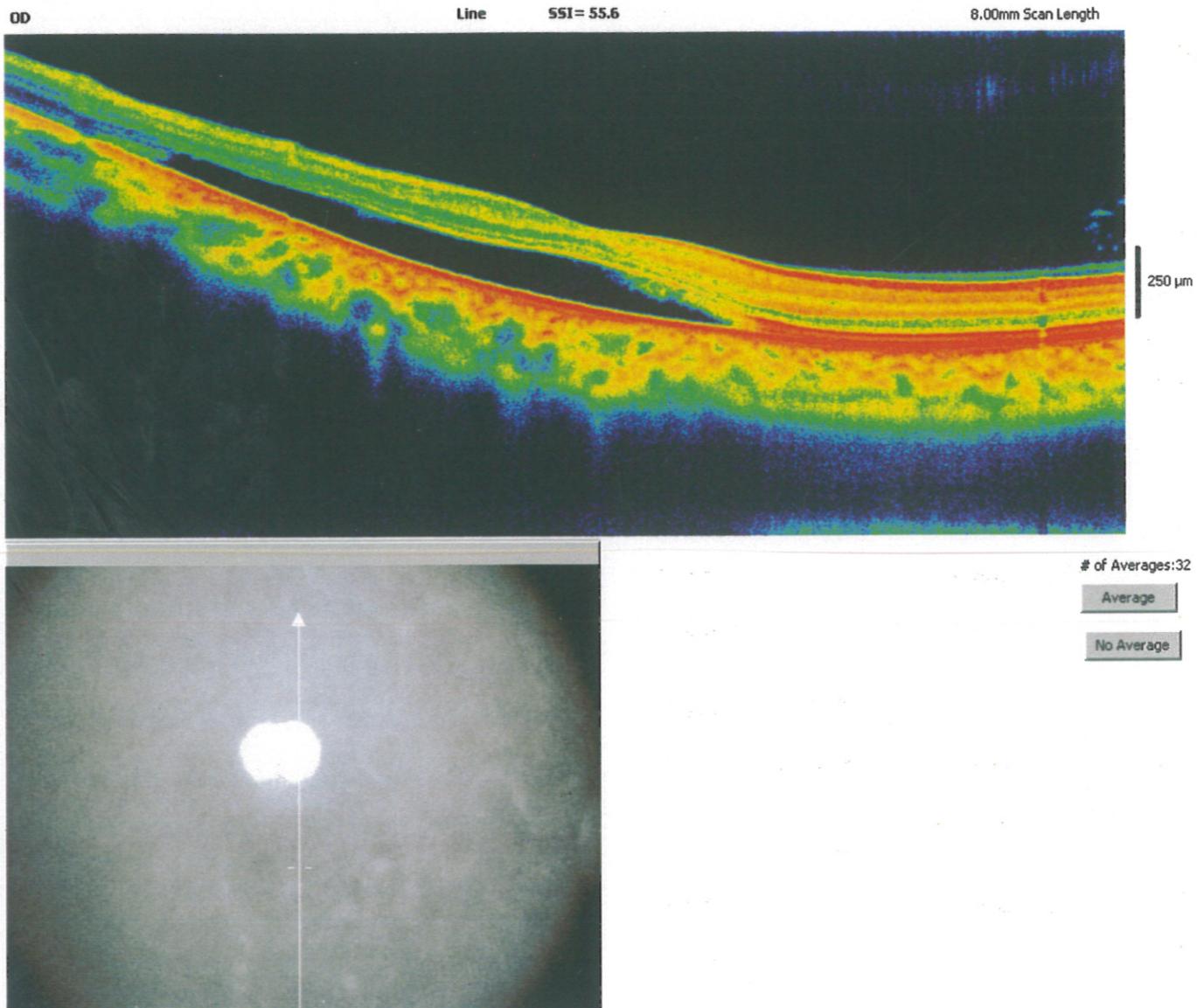
5th Lane, Hse. No F525/1 Osu . 0302783832

OD

Patient: OBETTOH, Irene  
Physician:  
Operator: Seglah, Geoffrey  
Disease:

Gender: F  
ID:

Exam Date: 05/10/2016  
DOB (age): 11/05/1985 (31)  
Ethnicity:  
Algorithm Version: A6, 1, 0, 4



**Diagnosis:**

[Redacted text area]

Report Date: Wednesday October 05 17:25:49 2016

Report Date: Wednesday October 05 17:25:56 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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# INTER-STAR EYE CLINIC

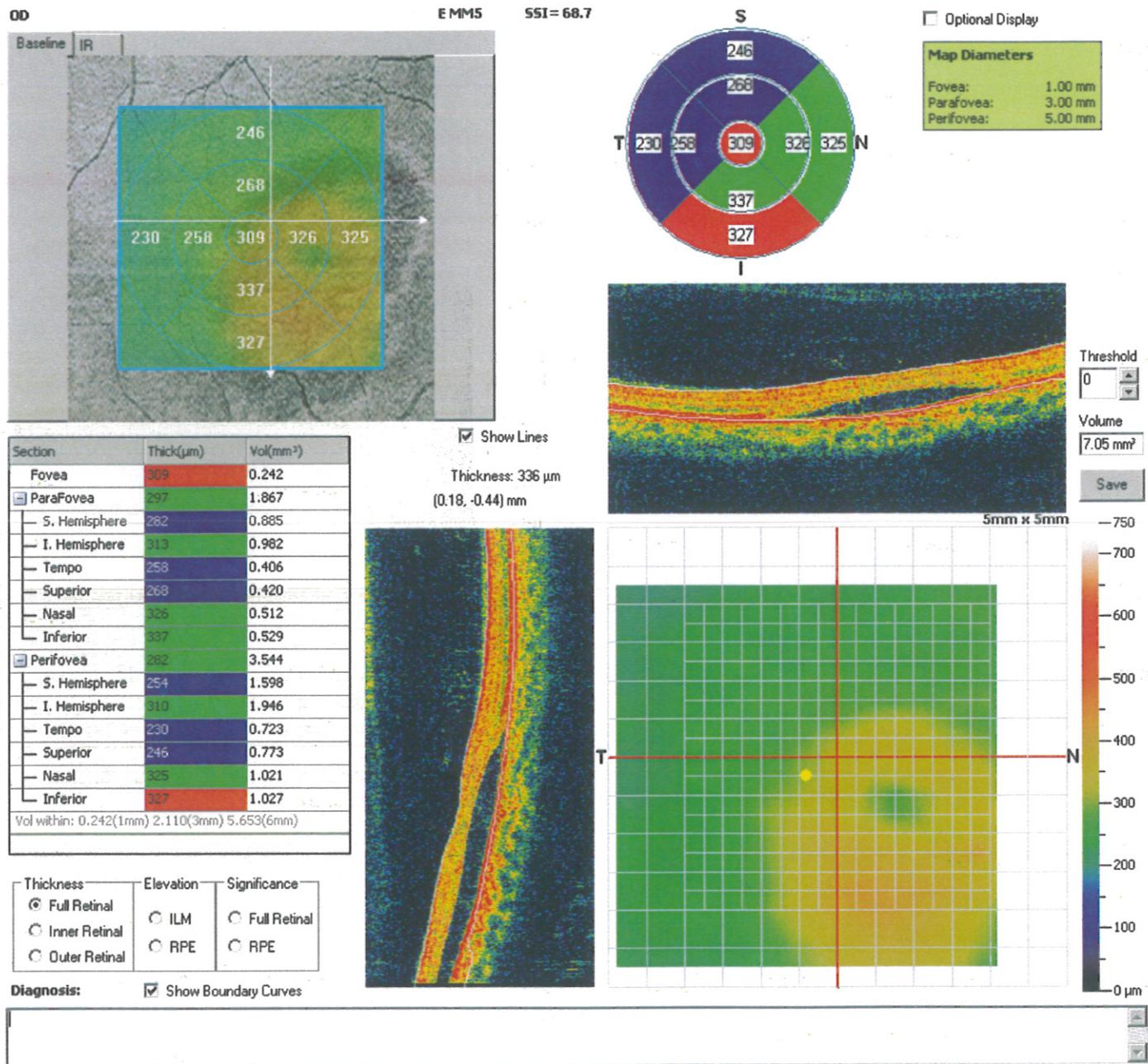
5th Lane, Hse. No F525/1 Osu . 0302783832

OD

Patient: OBETTOH, Irene  
 Physician:  
 Operator: Seglah, Geoffrey  
 Disease:

Gender: F  
 ID:

Exam Date: 05/10/2016  
 DOB (age): 11/05/1985 (31)  
 Ethnicity:  
 Algorithm Version: A6, 1, 0, 4



Report Date: Wednesday October 05 17:26:01 2016

Report Date: Wednesday October 05 17:26:14 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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# INTER-STAR EYE CLINIC

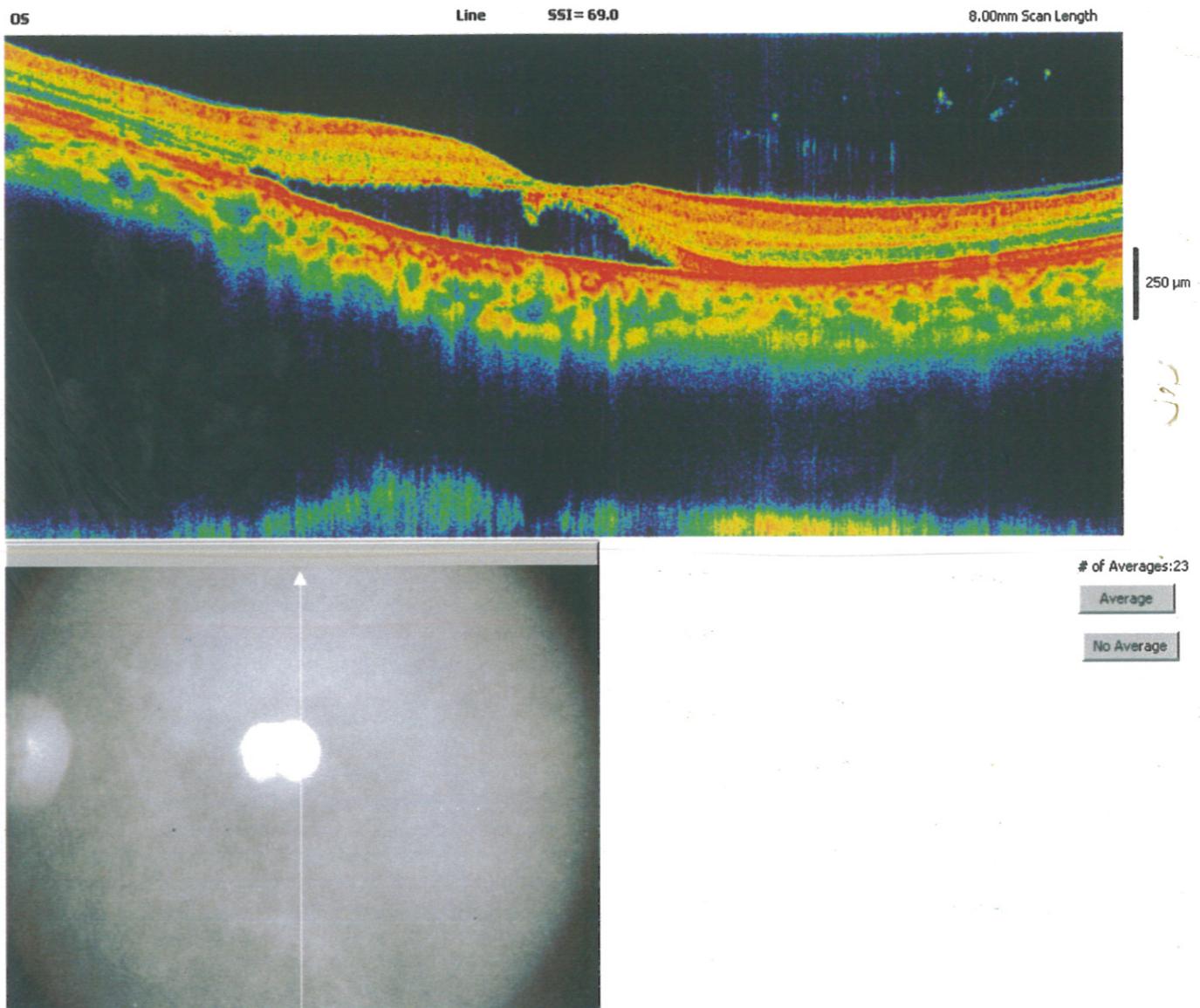
5th Lane, Hse. No F525/1 Osu . 0302783832

OS

Patient: OBETTOH, Irene  
Physician:  
Operator: Seglah, Geoffrey  
Disease:

Gender: F  
ID:

Exam Date: 05/10/2016  
DOB (age): 11/05/1985 (31)  
Ethnicity:  
Algorithm Version: A6, 1, 0, 4



**Diagnosis:**

(This field is empty)

Report Date: Wednesday October 05 17:26:19 2016

Report Date: Wednesday October 05 17:26:24 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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# INTER-STAR EYE CLINIC

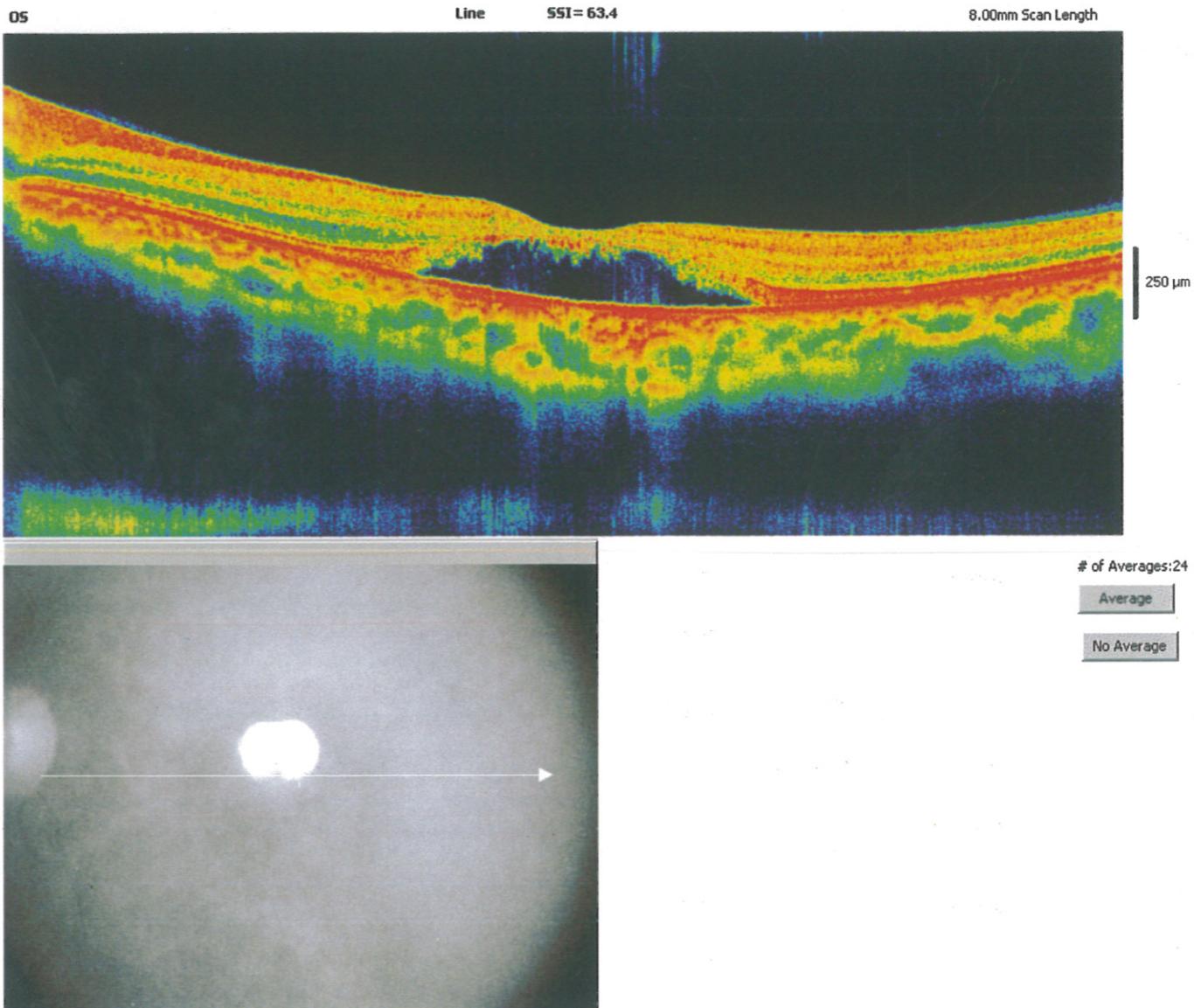
5th Lane, Hse. No F525/1 Osu . 0302783832

OS

Patient: OBETTOH, Irene  
Physician:  
Operator: Seglah, Geoffrey  
Disease:

Gender: F  
ID:

Exam Date: 05/10/2016  
DOB (age): 11/05/1985 (31)  
Ethnicity:  
Algorithm Version: A6, 1, 0, 4



**Diagnosis:**

[Redacted area]

Report Date: Wednesday October 05 17:26:25 2016

Report Date: Wednesday October 05 17:26:31 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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# INTER-STAR EYE CLINIC

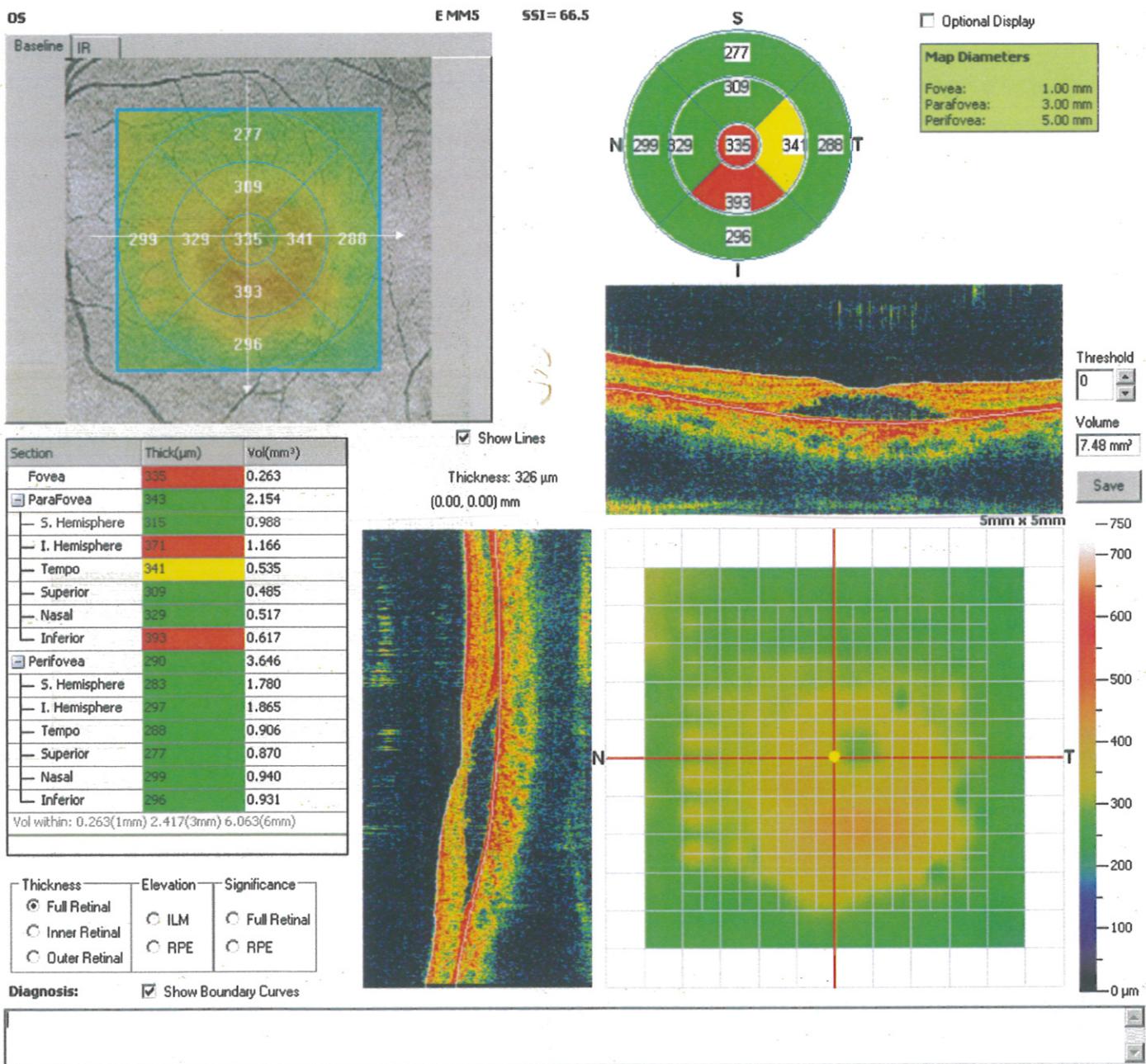
5th Lane, Hse. No F525/1 Osu . 0302783832

OS

Patient: OBETTOH, Irene  
 Physician:  
 Operator: Seglah, Geoffrey  
 Disease:

Gender: F  
 ID:

Exam Date: 05/10/2016  
 DOB (age): 11/05/1985 (31)  
 Ethnicity:  
 Algorithm Version: A6, 1, 0, 4



Report Date: Wednesday October 05 17:26:43 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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## INTER-STAR EYE CLINIC & LASER CENTRE

### CONSENT FORM

NAME..... Irene Obetoh .....

SEX..... Female .....

D. O. B..... 11th May 1985 .....

ID NO.....

### OPERATION CONSENT BY PATIENT/RELATIVE

I..... Irene Obetoh .....

On behalf of.....

Hereby consent to undergo the operation of..... (R) Acasta eye  
(RK RPE detachment)

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 anesthetic 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 ..... 22/12/16 .....

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

Signature of Doctor.....

Date ..... 22-12-16 .....

# INTER STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 233277755354

OD

Patient: OBETOH, IRENE

Physician: ADAM, Y S

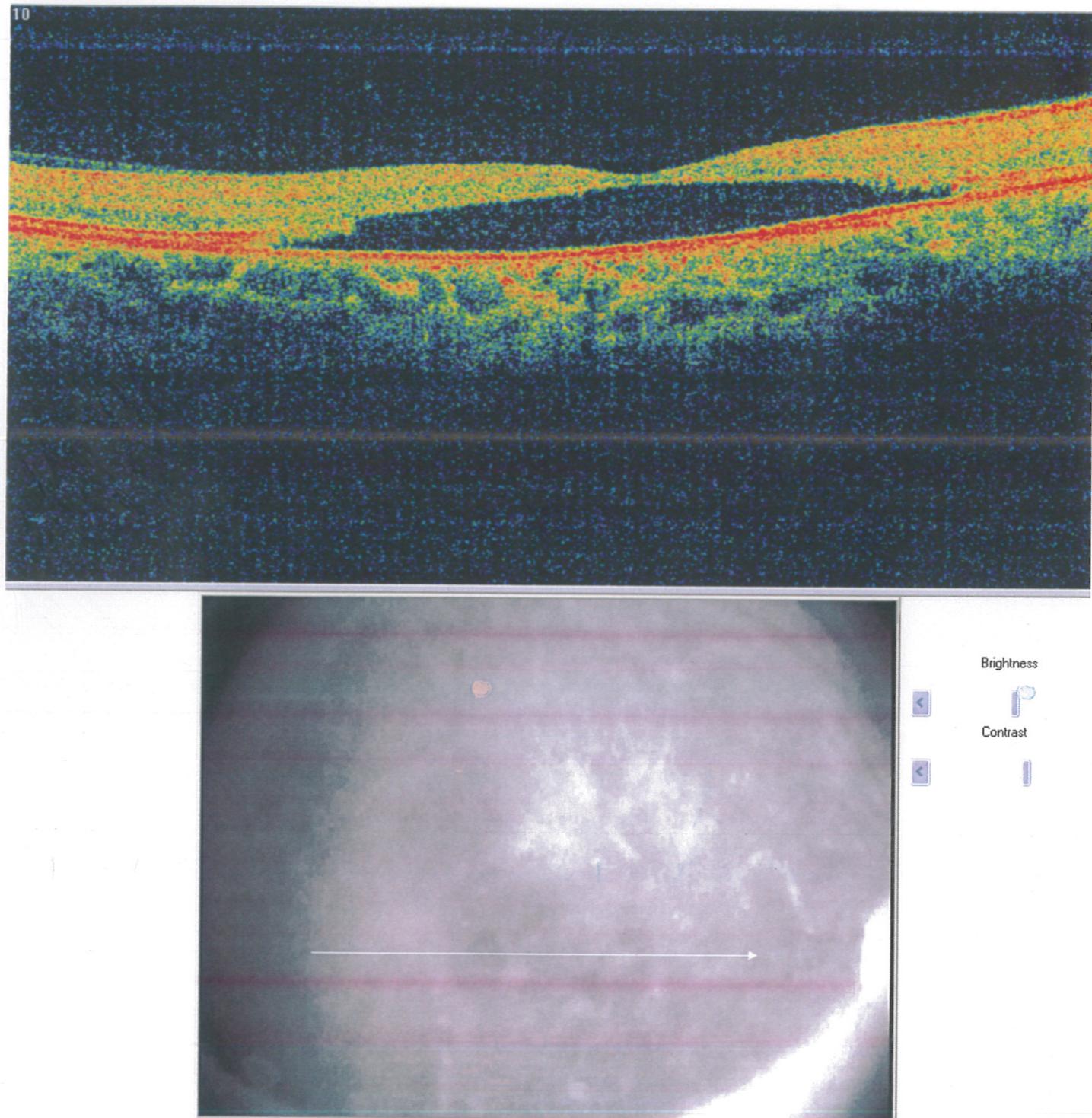
Operator: AMISAH, HENRY ADDISON

Disease:

Gender: F  
ID:

Exam Date: 04/08/2017  
DOB (age): 11/05/1985 (32)  
Ethnicity: African Descendant  
Algorithm Version: A6, 8, 0, 27

OD



Report Date: Friday August 04 11:04:57 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: OBETOH, IRENE

Physician: ADAM, Y S

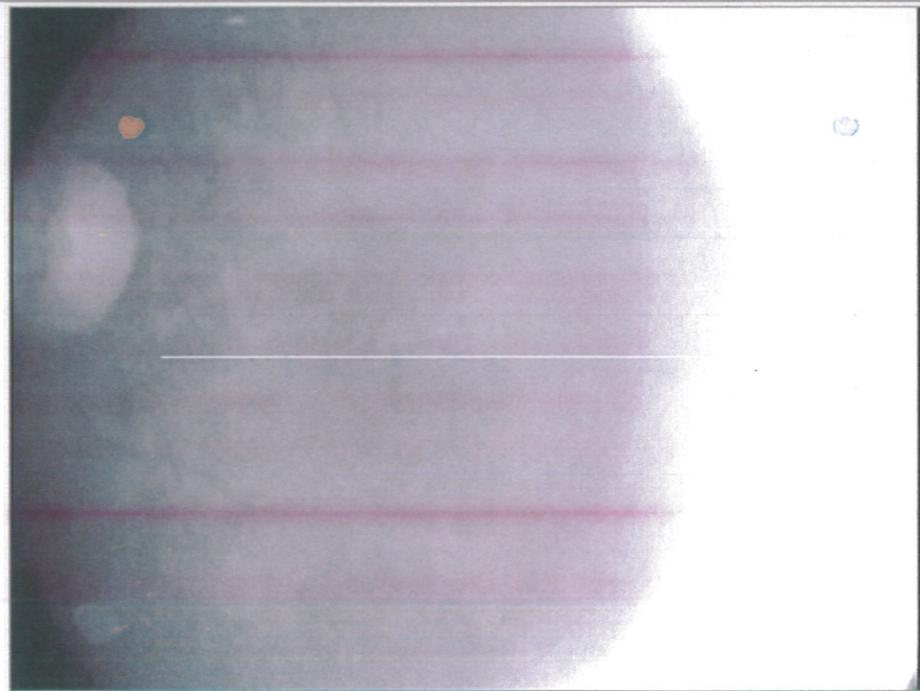
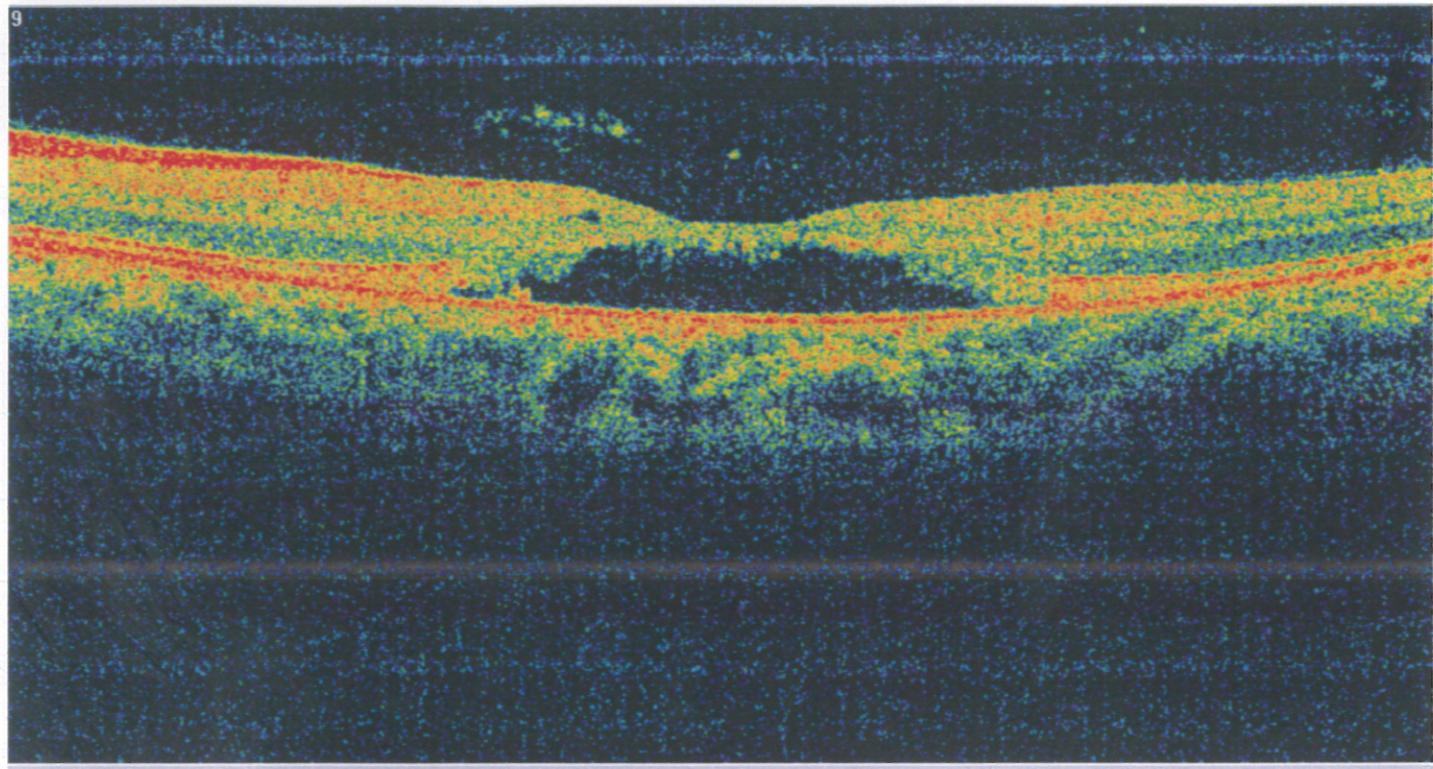
Operator: AMISAH, HENRY ADDISON

Disease:

Gender: F  
ID:

Exam Date: 04/08/2017  
DOB (age): 11/05/1985 (32)  
Ethnicity: African Descendant  
Algorithm Version: A6, 8, 0, 27

OS



Report Date: Friday August 04 11:05:29 2017

Software Version #6, 8, 0, 27

Comments:

Signature:

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# INTER STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 233277755354

## Macula Map(EMM5) Retina Report

OD/OS

Patient: OBETOH, IRENE

Physician: ADAM, Y S

Operator: AMISAH, HENRY ADDISON

Disease:

Gender: F  
ID:

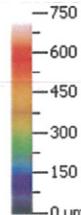
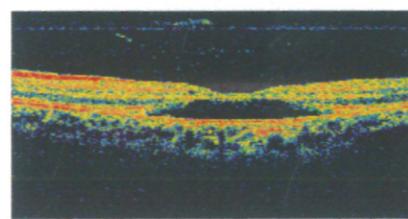
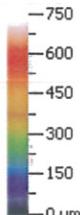
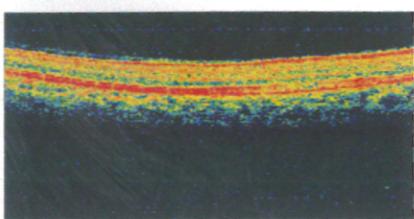
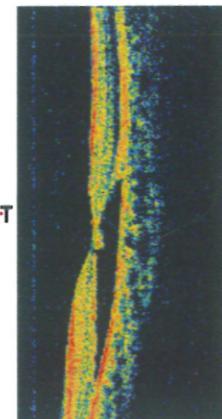
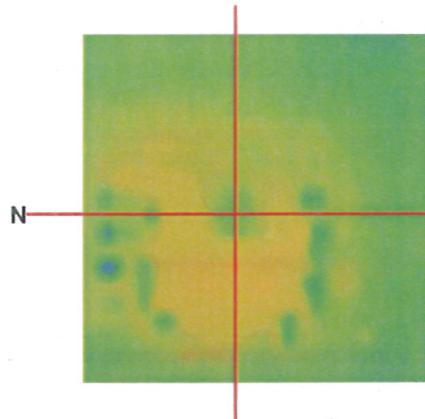
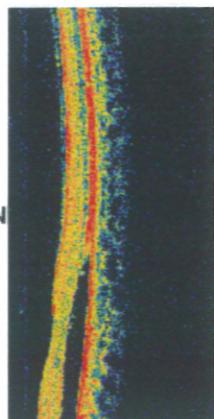
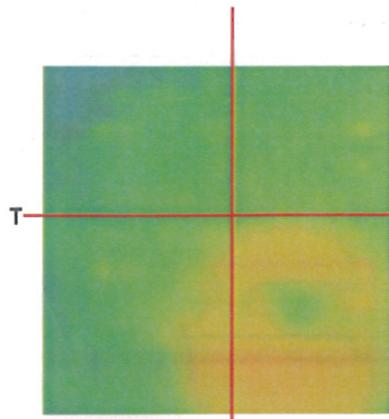
Exam Date: 04/08/2017  
DOB(age): 11/05/1985 (32)  
Ethnicity: African Descendant  
Algorithm Version: A6, 8, 0, 27

OD

Full Retina Thickness Map

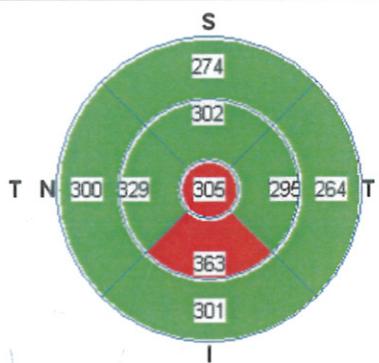
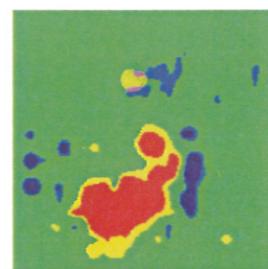
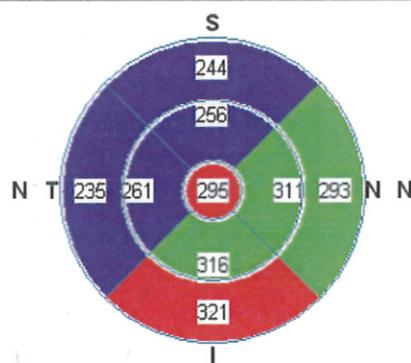
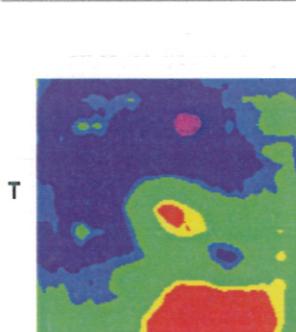
OS

Threshold



Exam Date: 04/08/2017, SSI= 75.4

Exam Date: 04/08/2017, SSI= 64.2



Significance from Normal Map

Significance from Normal Map

### Global RPE/Choroid Disruption



OD

OS

6

12



Report Date: Friday August 04 11:06:18 2017

Software Version #6, 8, 0, 27

Comments:

Signature:

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# 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	
18-03-19	Dist -2.00				-2.00				
P.D.	Inter								
61mm	Read								

HEIGHTS	MONO	BLANK	TECH SIG. CHECKED
R	L	R	L
DISPENSING NOTES 8/5/19 Patient asked that we go ahead with old px.			
FRAME	Supreme	DESCRIPTION	GH¢ P
LENSES	Plano Th SW		250.-
COATING			200
SUNDRIES			

PLEASE TICK	TOTAL
CASH <input type="checkbox"/>	444.45
CHEQUE <input type="checkbox"/>	paid 8/5/19.
CREDIT CARD <input type="checkbox"/>	
	BALANCE
	DEPOSIT
	BALANCE
DISPENSED BY	CHECKED BY
RECEIVED BY	DATE
	10/5/19

## SYMPTOMS &amp; HISTORY

OCCUPATION  
Hobbies

## EXTERNAL EXAMINATION OPHTHALMOSCOPY

## FIELD TONOMETRY COLOUR ETC.

## OPHTHALMOSCOPY

## SUBJECTIVE

$6/60$  ve  $6/-$   
 $6/R$  -2.00 D.S.

= 6/32 R

L

$6/36$  ve  $4/-$   
 $6/L$  -2.00 D.S.  
Binoc ADD

= 6/12

Rdg ADD

$> 6/12$  D.S.

= N

## MUSCLE BALANCE

Ams

R -3.25 / -0.75 X 175

## RETEST DATE

L -2.75 / -2.5 X 57



# 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 <i>22-9-16</i>	R PRESCRIPTION GIVEN								
	Dist	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
P.D. <i>63mm</i>	Inter								
	Read								
HEIGHTS R L	MONO R L		BLANK			TECH SIG. CHECKED			
DISPENSING NOTES		DESCRIPTION						GH¢	P
		FRAME							
		LENSES							
		COATING							
		SUNDRIES							
						TOTAL			
						VOUCHER			
						BALANCE			
						DEPOSIT			
						BALANCE			
PLEASE TICK CASH <input type="checkbox"/>		CHEQUE <input type="checkbox"/>		CREDIT CARD <input type="checkbox"/>					
DISPENSED BY		CHECKED BY		RECEIVED BY		DATE			

*13493*

Qwon Rx

R -1.75/-0.50 X 105  
L -1.50/-0.25 X 35

SYMPTOMS & HISTORY		OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY 6/60g 6/90g	SUBJECTIVE 6/R -1.50 DS. 6/L -1.50 DS Binoc ADD	ACCOMMODATION = 6/60 R = 6/9 L Rdg ADD = N
MUSCLE BALANCE <u>Auto</u>		RETEST DATE
R -3.00/-0.50 X 161 L -2.50/-0.25 X 38		