

RNAMES (Block Letters)

KPOTI

FIRST NAMES

DEBORAH

Sex

Female

PHONE NUMBER 0245398364 / 0267688041

ADDRESS OR RESIDENTIAL LA - APAPET H/HO. G363/1

CUPATION

EIGHT FORWARDER

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH

DEC. 1991 24

AGE

PLACE OF BIRTH

LA

ANY ALLEGIC REACTION
TO MEDICINE

TIONALITY

ENIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

10TH SEPTEMBER, 2016

NEXT OF KIN

RENCE GOGOE

ADDRESS OR PHONE No. OF NEXT OF KIN

0269464427 / 0570936614

116
VFT (Lwef 9/16)



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Ms. Deborah Okpoli
DATE: 10/09/2016

CARD NUMBER: 13378

% Blurred distant vision in BS, occasional pain in BB.

Asthma ϕ , Bed ϕ

VR 6/18nr, 6/5pt

VR. 6/18nr, 6/5pt

UP 18 16
A
18 12.20
D
pm

Orient
RHR
Transpant -
clear -

o. 6 -
RULC
R ✓

mm

AB - Quiet
Pupil - RLR
Lens - Transpant
Kittens - clear

Fundus
VCSR - O'P
RHR - RULC

FOVEA - ✓
ISNT
Macula

macula - MDD

SL DES (Surgical Disease (Lg))

Plan

- 1 Refresh Terre BE 885 & T_{12}
- 2 See drpdl BE note X_{12}
- 3 To do VFT, cct

Shine Dancoff

24-9-16 % Review.

JP 6/18ug, 6/5gl

v 6/18ug, 6/5gl

CCT Γ^{558}
 Γ^{554}

VF: P/L become
 $m_0 = \frac{-2.04}{-1.47}$

MP
14 B

51 Aug 19 2015
cytos - nucleus - 46.5

- Plan
- ① Return Ters
nd
 - ② Flu - new

8u 6%
B



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 3-9-18

%: Review. Wants to update Spectacle Prescription
Mild Pain, Itching⁺, Teary⁺, redness⁺

VR

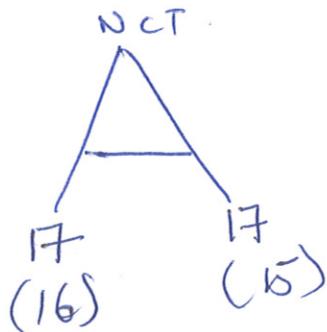
6/18m, 6/15ph

VL

6/12m, 6/5ph

Sem

st/e



Right
no pain
clean lens

0.4 cm 0.5

inf. more information

PL 1. Disease Plans

2. See 4/52

[Handwritten signature]

NAME OKPODE DEBORAH

ID 13378 BIRTHDATE 02-12-81

SPATONE

NUMERIC DB

TOTAL DEVIATION

PATTERN DEVIATION

IGHT C24-2 RM USED + 0.00 DS - 1.50 DCX 90 DEG
 E 25 STRATEGY FULL THRESHOLD FIXATION TARGET CENTRAL TIME 08137417

IP	FL 0/10	FR 0/5	PR 1/6
6	23 26 25 25		
	25 28 23 28 27 27		
	29 32 27 32 29 28 32		
	27 27 31 32 31 32 29 31		
	21 22 32 32 32 28 1 32		
	26 30 32 28 32 32 23 31		
	23 26 28 23 32 32		
	(32) 26 23 29 32		
FOV	80	FSD	SE
32.00	POSTRD - 2.84 DS	1.71 DB	1.59 DE
			0.59 DE

LEFT C24-2 RM USED + 0.00 DS - 1.25 DCN 90 DEG
 ROD 25 STRATEGY FULL THRESHOLD FIXATION TARGET CENTRAL TIME 08134739

IP	FL 0/11	FR 0/5	PR 0/4
18	27 24 22 29		
	23 20 22 23 22 31		
	29 20 23 32 22 32 32 31		
	31 32 32 32 32 32 29 33		
	32 31 32 32 32 32 32 32		
	30 27 31 32 32 32 28 31		
	(32) 32 32 32 32 32 32		
	32 27 31 32		
FOV	MD	FSD	SE
32.00	POSTRD - 1.47 DS	1.68 DB	1.66 DE
			0.41 DE

PROBABILITY SYMBOLS

++ P(+) 5%

++ P(-) 2%

+- P(+) 1%

+- P(-) 0.5%

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RTM 9/85

INTERSTATE EYE CARE CTR

SLM	1	2	3	4	5	6	7	8	9	10
R&D	16	21.5	8	26	29	351	794	2512	27443	0
	14	7	1	21.2	719	32	1440	318	1533	3132
	41	36	21	26	31	16	11	6	1	39
DP	56	42	33	35	25	20	15	10	5	38

TESTED FOR.....

TESTED BY.....

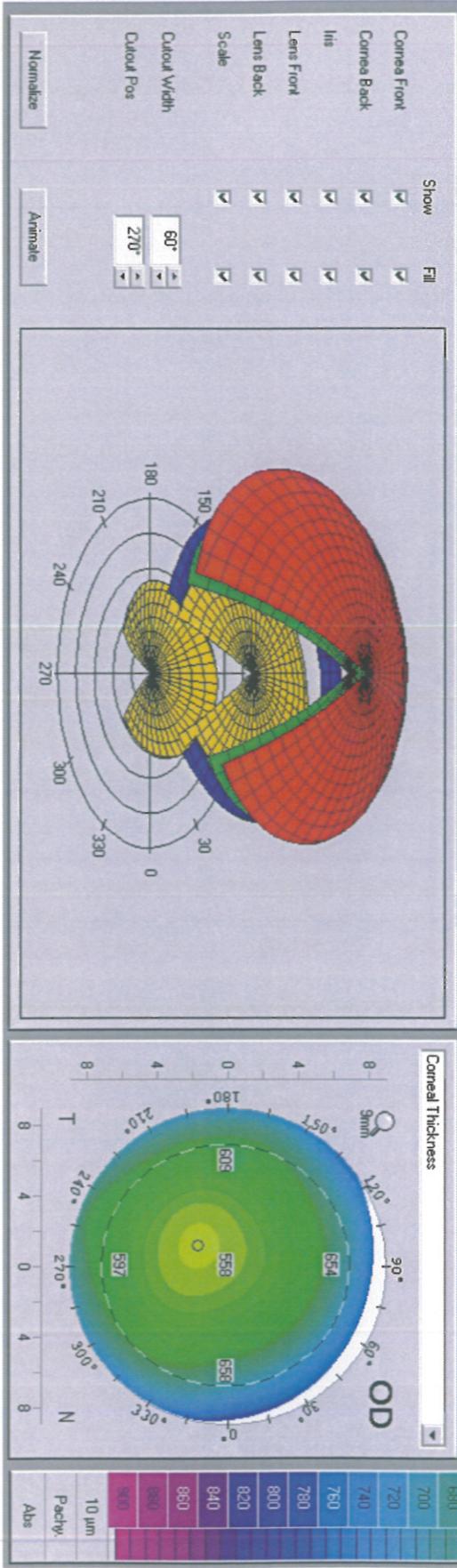
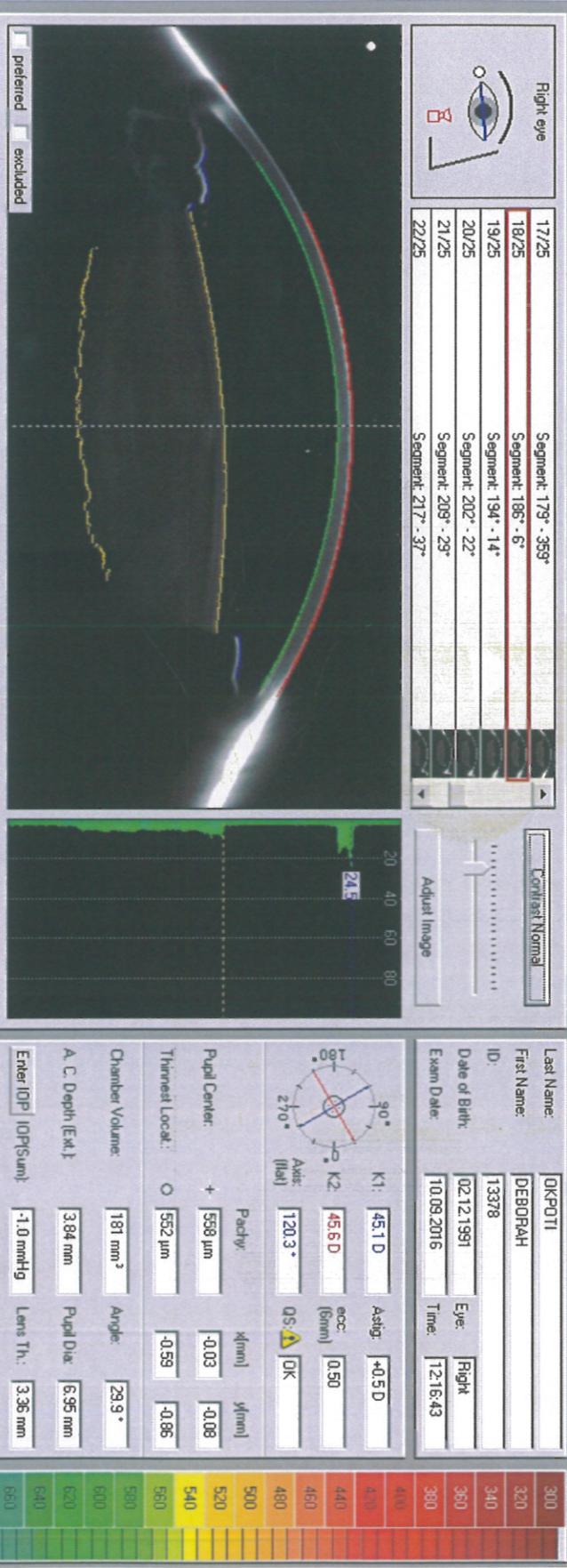
HUMPHREY SYSTEMS



Wavelight

®

WAVELIGHT - ALLEGRO OCULYZER Overview

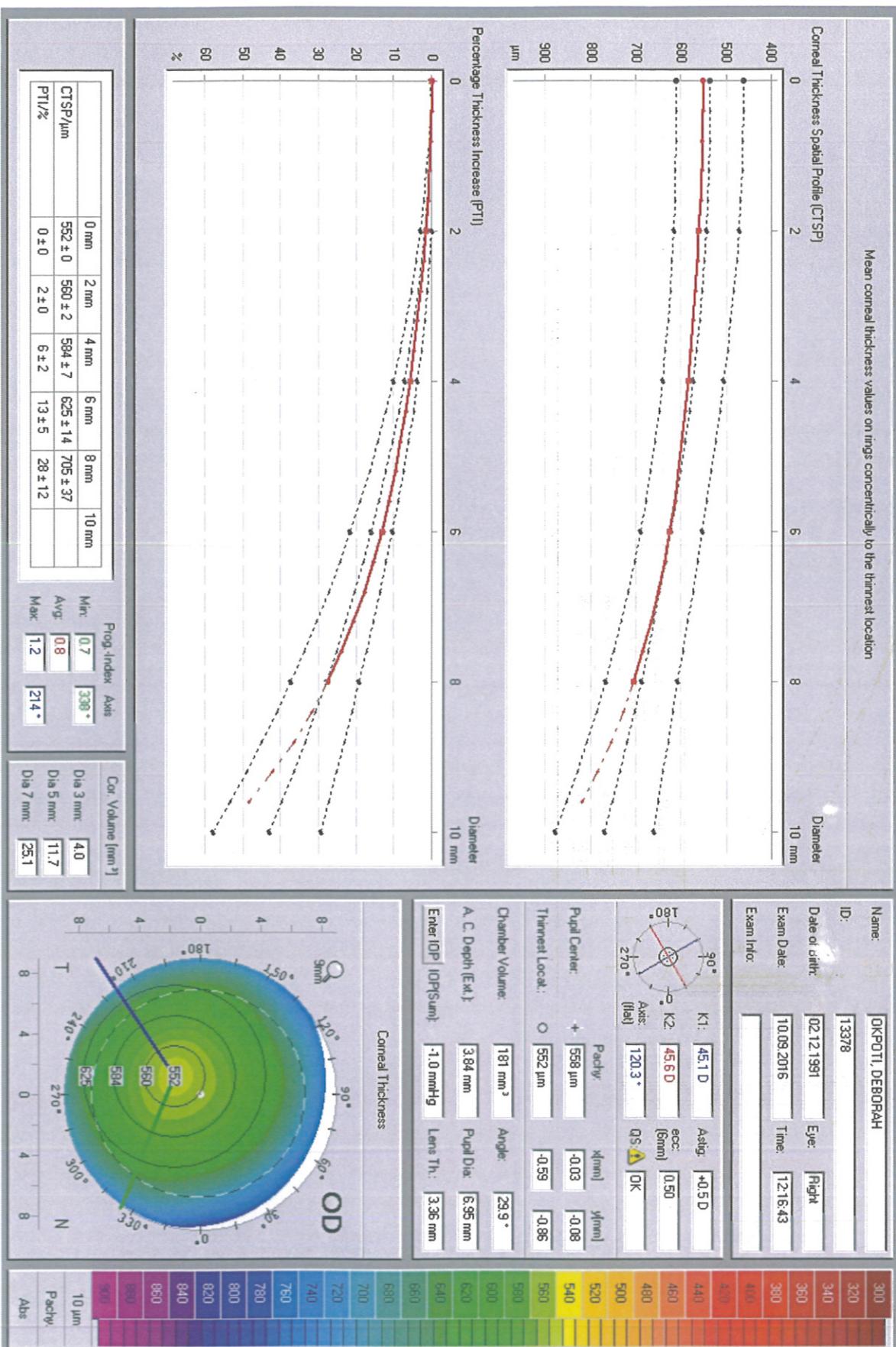




WaveLight

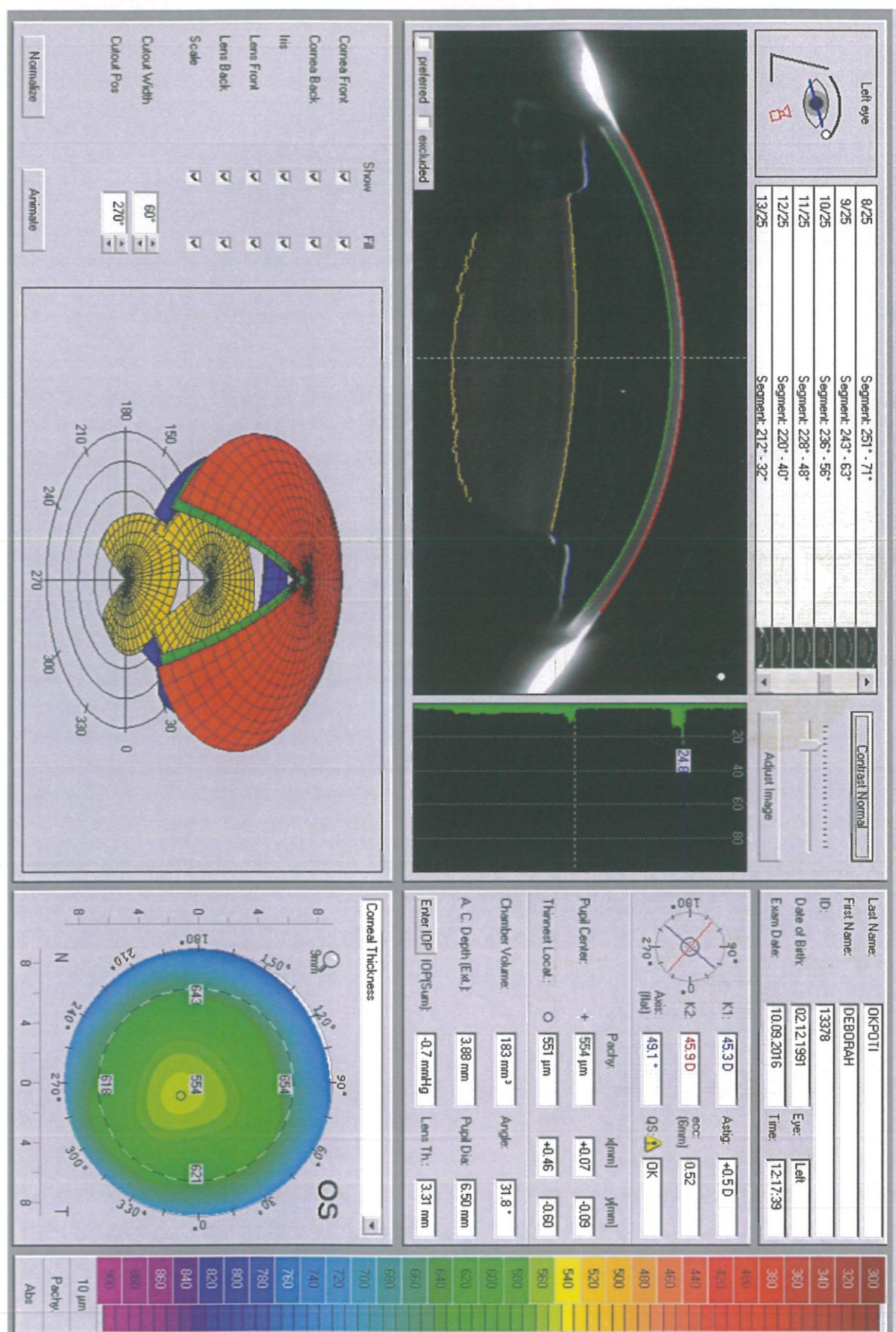
[®]

WAVELIGHT - ALLEGRO OCULYZER Pachymetric





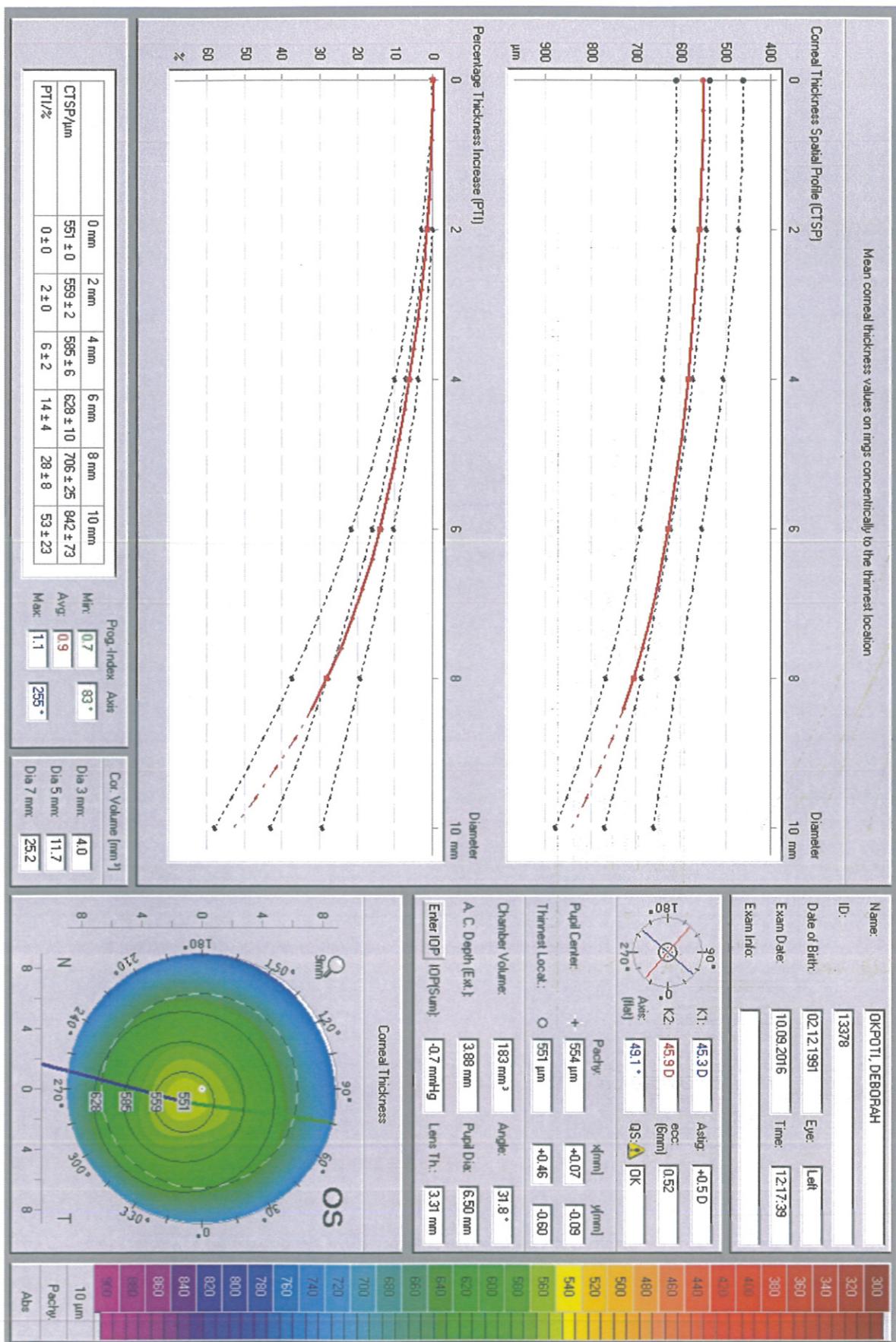
WAVELIGHT - ALLEGRO OCULYZER Overview





Wavelight®

WAVELIGHT - ALLEGRO OCULYZER Pachymetric



13378.



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
10-9-16	Plano	-1.50	90		Plano	-1.25	90	
P.D.	Inter	(3-9-18)						
68mm	Read							

HEIGHTS	MONO		BLANK		TECH SIG. CHECKED		
R	L	R	L				

DISPENSING NOTES	FRAME (Open)	DESCRIPTION		GH¢	P
		LENSSES (CATR sh)	COATING		
frame own -				90.00	
Lens Afr Sh 160.00 plano					
		SUNDRIES			

Total - GH¢ 160.00 paid 31/9/18	TOTAL	90.00
	VOUCHER	
	BALANCE	
	DEPOSIT	
	BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
		7/10/18	1/10/18

(3-9-18)

SYMPTOMS & HISTORY R: plenw / -1.50x90 L: plenw / -1.25x90		6/5 OCCUPATION Hobbies	6/5
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY 6/18as 6/18as	SUBJECTIVE 6/R Plenw / -1.80x90 6/L Plenw / -1.25x90 Binoc ADD	ACCOMMODATION = 6/5 R Rdg ADD = N	L 7/65
MUSCLE BALANCE <u>Auto</u> R -1.25 / -1.75 x 95 L -0.75 / -1.25 x 85		RETEST DATE	