

URNAMES (Block Letters)
OFORI - ASANIE

FIRST NAMES
AMA

Sex
F

PHONE NUMBER.....0542 591094

ADDRESS OR RESIDENTIAL.....SAKAMAN

OCCUPATION
TRADER

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH
8/1972

AGE
44 (YRS)

PLACE OF BIRTH
TEMA

ANY ALLEGIC REACTION
TO MEDICINE
—

NATIONALITY
KANAIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
20/09/2016

NEXT OF KIN
IAKU OFORI-ASANIE

ADDRESS OR PHONE No. OF NEXT OF KIN
020 8128670 SAKAMAN



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mrs. Ama Gori - Asante

CARD NUMBER: 13474

DATE: 20/09/2016

Ch. Severe pain and itching in BB for 7 yrs.
Growth on BB for several years.

HPT⁺ (3/52, ^{on} meds), DM⁺, Asthma⁺, scd⁺.

UR 6/5ug

✓ 6/5ug

Memoria (L) > (R)

A
14 14

✓ Fundi - ✓

Wp: Inflamed memoria

Plan: At - flaresy BE BO
alt. Teent. wamul BE BO
wells (L) Eye memoria exposure
+ graft
Dr. B. N. M. S.

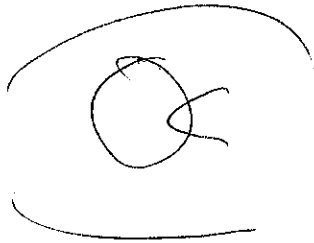
3/2/17

Review - Revu LE

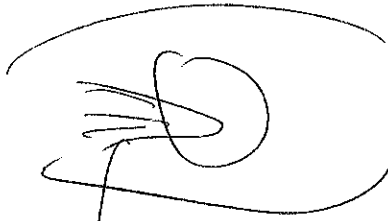
$\frac{1}{2}$ by 5 us

$\frac{1}{2}$ by 5 us

de



Also



injected

R/R Revu - R/R

lev

12 13

Plan

2 Cells Flare BE 90d

2 Cells Treas Natural BE 90d

→ see $\frac{1}{12}$

Sherry



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

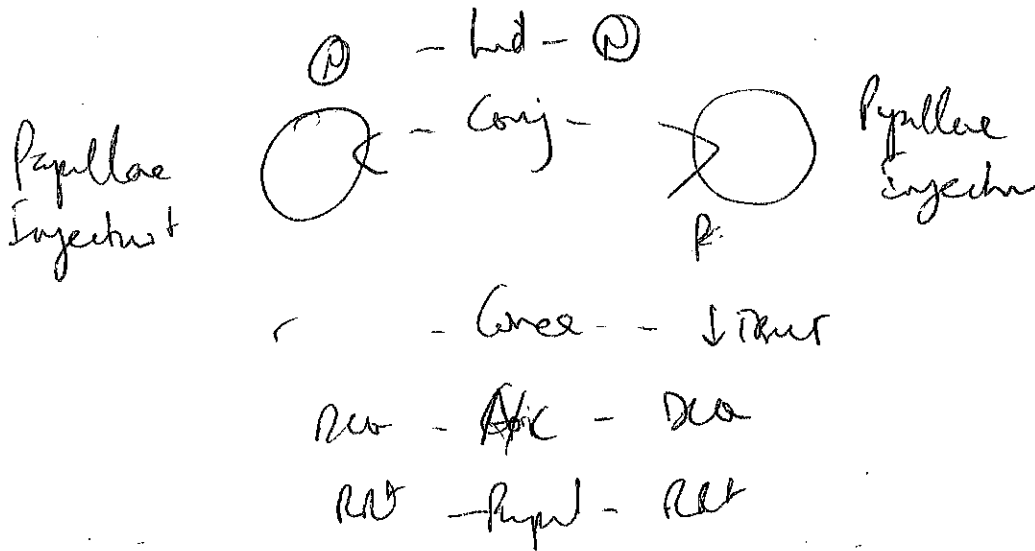
DATE: 13-4-17

q/c Pain in BE for 262

UR 6/5 ua

U' 6/5 ua

FB Sensation⁺, Fear⁺, Headache⁺, Prominent discharge⁺
(glues eyelids shut).



Exp 1: Bil Bacterial Conjunctivitis
2: Bil Pterygium

1. Gutt Cloxan BE qid
2. Gutt Florex BE qid
3. Gutt Refresh 1cm BE qid
4. See 1/52.
4. Bute

Shro

12/2/18 Q. for review. NOT on drops

lower lid swelling in BE with 'shaking' of RE lower
lid for 2/52. Pairs +

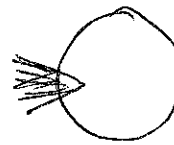
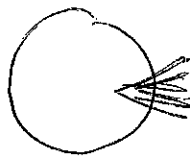
$V_R: 6/5_{ue}$

$V_L: 6/5_{ue}$

sem

of E

swollen LL (bagg)



fleshy
inflamed
pterygia

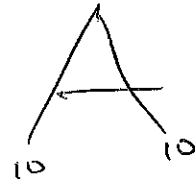
clear corner

deep AC

n/a pupil

NR+

0.2 CBX 0.2



1. Bil pterygia
2. Bil orbital fat herniation

pl- 1. for Bil pterygium excision

2. Bil orbital fat herniation - repair

3. full PRK - new billy

4. full Refractive tears only / BEZ

5. See 4/52

pb
book

WJ



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			
20-8-16	Dist	Plano				Plano						
P.D.	Inter											
62mm	Read	41.75				41.75						

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME			
	LENSES			
	COATING			
	SUNDRIES			
TOTAL VOUCHER BALANCE DEPOSIT BALANCE				

PLEASE TICK
CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/5 u9	6/R	plane = 6/5	R
6/5 u9.	6/L	plane = 6/5	L
		Binoc ADD	Rdg ADD 7/6/5
			= N 5
MUSCLE BALANCE		RETEST DATE	
<u>Auto</u> Add +1.75 DS R +0.50/-0.25 x 49. L +1.25/-1.25 x 10.		52.	