

URNAMES (Block Letters)

KANTANIE

FIRST NAMES

EMMANUEL

Sex

MALE

PHONE NUMBER..... 020 8158139

ADDRESS OR RESIDENTIAL..... P.O. BOX NO 901, HOD - VON REHLEN

OCCUPATION

PENSIONER

MARITAL STATUS

MARRIED	DIVORCED	SINGLE	OTHER
<input checked="" type="checkbox"/>			

DATE OF BIRTH

09/1949

AGE

67

PLACE OF BIRTH

KOFORIDUA

ANY ALLEGIC REACTION
TO MEDICINE

MIL

NATIONALITY

GHANAIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

26/09/2016

NEXT OF KIN

NAKFI KANTANIE

ADDRESS OR PHONE No. OF NEXT OF KIN

RUDOLPH ACCESS

0243638577

- GH¢4000.00
paid 3/10/16.

pls call 0208175477



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mr. Emmanuel Asante

CARD NUMBER: 13486

DATE: 22/09/2016

% Blurred vision in BE-LZR for 6yrs.

Diagnosed of right eye RD 8yrs ago.

Dm⁺, HPT⁺.

VR PLus, N-IPT

VR-Cfotem us, 6/60-2
6/60 IPT

A

18/14

DRSE

Always P
pmv by magni
① complicated
cataract

lens NS2-3

Mild me ✓
Mild wat ✓

Hx: bilateral cataract ①? ②?
① complicated cataract

Plan: ① cataract surgery
② FRS, FRS DR. Remial

BIOOMETRY (LE)

K₁ - 41.4

K₂ - 42.4

AL - 25.18

IR(P) - 17.50
(0.01)

18.00
(-0.34)

12/10/16 (1) Congenital

Plan

(1) already done

(2) Votter and (Grafts)

surgery postponed

Issue MODEL : FA 6025D POWER : 18.00 D
Optic Ø : 6.00 mm Over All Ø : 12.50 mm
 Mfg.Dt: 2015 / 03 Exp.Dt : 2018 / 02

Lot. S.No:FMR5074 036531

18/10/16 L.S., plans + PGT.

V_L CF(2m)

19/10/16

(1) Eye - hypermetropia
Cornea - epithelial edema
AC + 2 mm
PC 402



INTERSTAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE:

201
20

① Pla- Fresh One
day
80s $\frac{1}{2}$

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

② Pral Faste Wb
 $\frac{1}{2}$

③ Aloxan 2d $\frac{1}{2}$

Su $\frac{1}{2}$

④ draw + trd p
⑤ fbs hexam 4ds

day

21-0-16 y remo

V CF (Am)

⑥ Glibre Sotur utant
Stomac Berthas

Alc - +1 Cels

PCPOL

P
12

Su $\frac{1}{2}$

Plan
⑦ CT

27th 16
6 Review

VLCF(2m)

① Other - State heights

AE - +1 ans

PCD

Plan

su 2/52

① T

11-11-16 % Review

VLCF4m w

6/60 pH

① Other - Solute extent

AE - +1 ans

PCP, Int. Substrate

14 16

① Plan — Ans
~~Plan~~
Ans

① Alkalinity
② Seawater
③ Draw & try

su 2/52



INTER STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 25-11-2016

C/C: Review.

Vp PLus.

Vl. 6/-2 6/60 +1
60^{ua}, pH

① Conj - hyperemia

an + l abs

pcSSL, Infl, Subluxed

Plan

② Tobradex

6x60
qd

③ dexam + tri

④

Helvane

qd

⑤

Refresh Tears

qd
50

Su 3/52

25/11/16. Rx W/ctm

cone.

KSW -> AZIMSK - 25

no balances.

0-12-16 fc. No ocular complaints. Difficulty breathing for 1/2. Pain in centre of chest and occurs when inhaling. No blood in sputum. HT + (on meds), DM, no history of Asthma.

VR Plng, Chgptt VR 6/6², 6/36³ptt

(L) Ax - thay

PCPDL

M
14 15

Pln

O Tobradex
6x

See 8/2

O Refresh Eyes
and
gels

27-1-17 fc Review.

VR

VR 6/6², Chgptt

HT + B-w (-550x100)

(L) Ax - grade. white cells
PCPDL, 1st subluxated

See '4/2' Reaktion

Plan
O Tobradex
Qd x 2
O R-Tears Qd x 2



INTERSTAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE:

3-3-17.

% Review - No complaint

VR Plus

n 6/36rd, 6/36 ph

Complicated AD - flare fundal
cataract
cells.

Rept - resection
lens - Peer
- displaced after

1. Refresh tears BE red 5d
2. All Febadex LE ~~5d~~
X 2₅₂ then 6S X 2₅₂

See in YR O

2 31/3/17.

%c: Review. No new complaints

Vp Pl ns

V. G +2 b/ +2
60ns, 60 (regrade)

(D) Compressed Cellarant

(D) ac - gout

~~pcos~~

fibrer 864

IM
12/14

Plns

(D) Tolvazex 3rd

L5

(D) R. Plns and B/S

In Gr
Remittia
Repeat

12-5-17 %c Review - 1

Vp Pl

v 6/85ns,

(D) White - Aco

AS - gout

pcos, infly substituted

IM
14/16

In Br

Plns
(D) CT



INTERSTAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 12/05/17

Cc: For review.

VR PL

VR 6/60

4-8-17 % Review. Not applying any drops

VR PL gl

n 6/60 gl

(0)

Any - hypotonu

AC - glau

PDL, Subluxation

IM
N
II

fibrer ab 3

plan

- (1) Tobrex
topical
in

su 3/hr

9 R Tears and B

27-10-17 c/c review.

VR PL gl

n 6/60 us, Abg

TPH

L

(3) D

Bu grise

Compressed - less RGD
Capped

Plus

① Tobrex ②
bad ③
is

Su ~~fr~~

① R - Tears
2nd -
15

02-03-18 n for review. drops finished long time.

vr: PL

V_L = 6/24 - gr

TPH

h

12/14

Bu grise

Mac

① R Tears

2nd -
15

② Tobrex
bad
is

Jn 3/12



INTERISTAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE:

11/05/28

Q: For review. No complaint. still on drops

V_P: PL

V_L: 4 resp⁻² gr

JIP
14/16 Post synechiae pupillary oval
Complicated lens - PCD, IIF
cataract Subluxated
No view + filters = 9/6 35

Plan

USG: (R) RD

(1) USG (R)
R/S (R) RD

(2) P. Tears
Ed.
Bd.

Su 4/2/28
VA + DTS

9/8/18

%: for review. do complaint

VR

PL

VL

6/36_{gc}

Sem

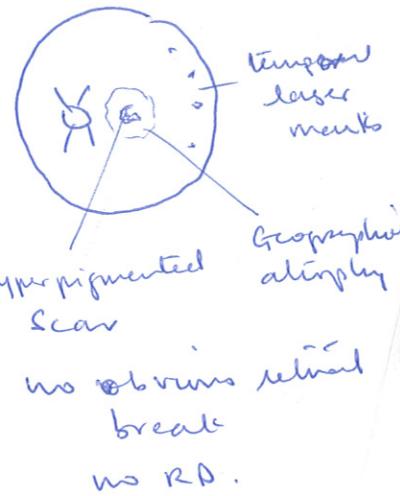
O/E

Rmit

unreactive pupil
amplified
cataract

Qmt

good mydriasis
inferiorly
subluxated
PC in



mp: RE cataract

LE pseudophakos

LE choriomacular scar

LE geographic atrophy (dry AMD)

PL: 1. Sust refresh tears only →

2. See 4/12

PL



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE:

4-1-19

%: Review - Mr. Complain't. still on R. Tears

V_R
HM_(cyc)

(Eccentric fixation)

V_L
6124⁻² gc, 115 pm

complicated
cataract

PC IOL

AT ft very
uncooperative

Findes disc ⊗
macular scar

IOP 18
27
(NCT)

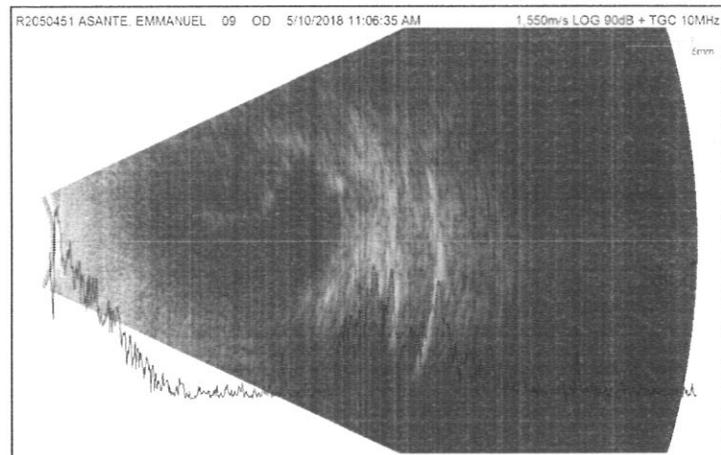
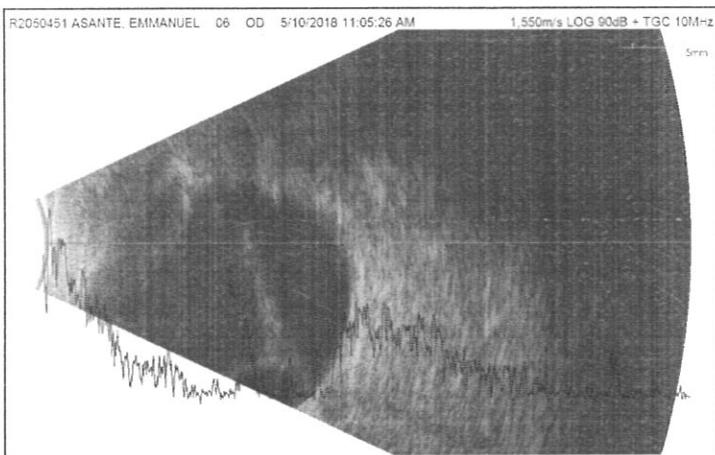
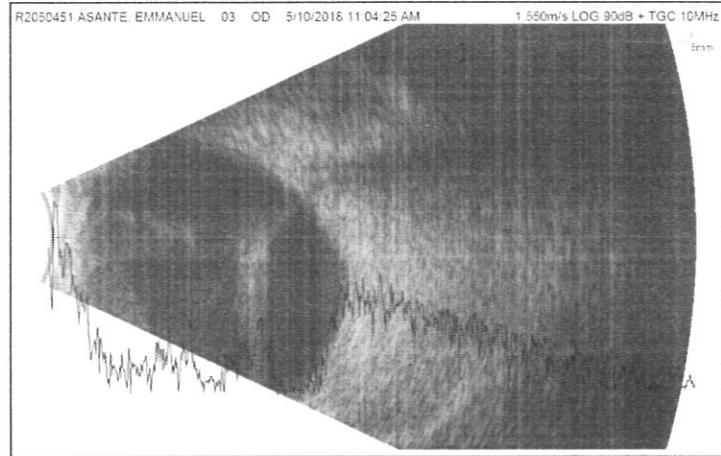
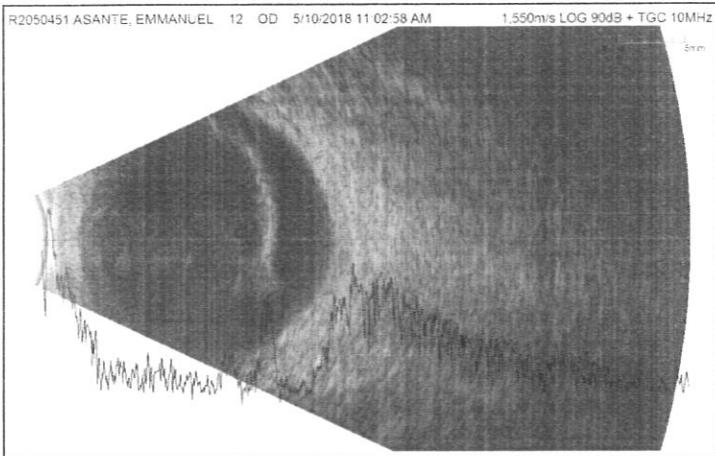
Adv

BE - Refresh tears e/d
4 times /day

Review in 4 mth

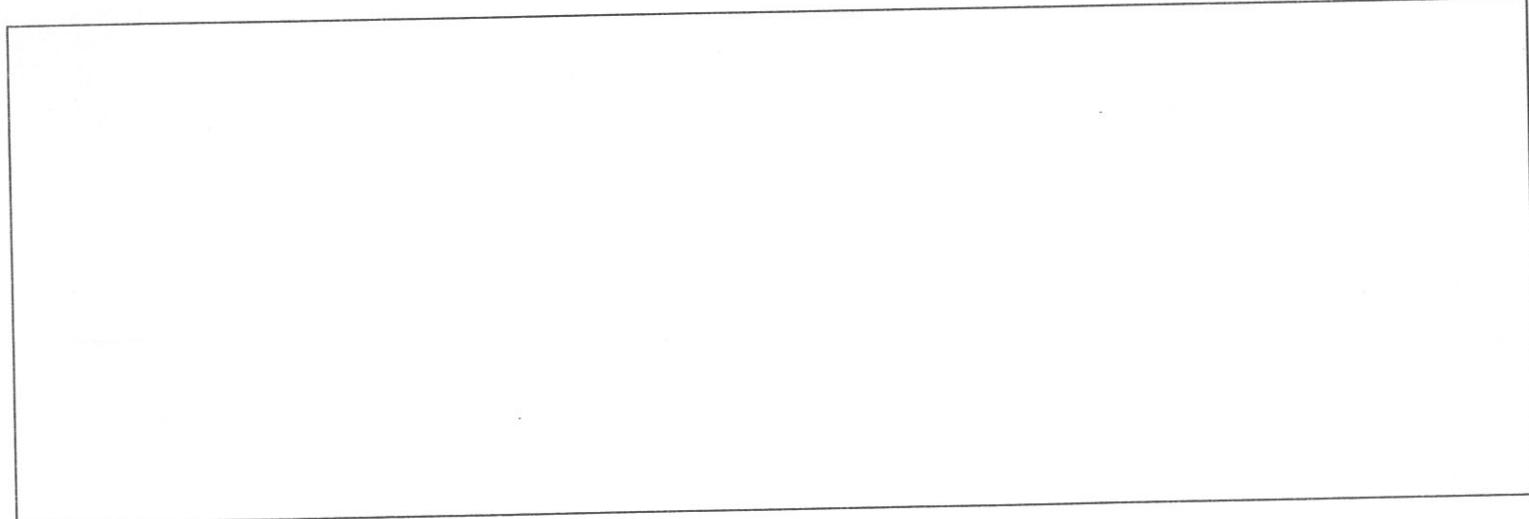
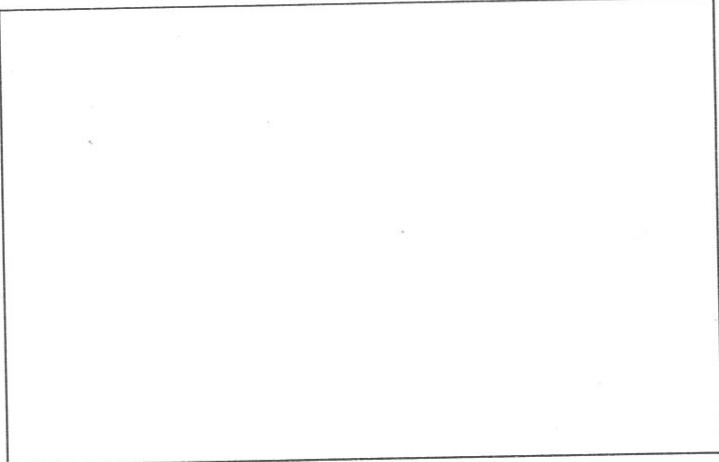
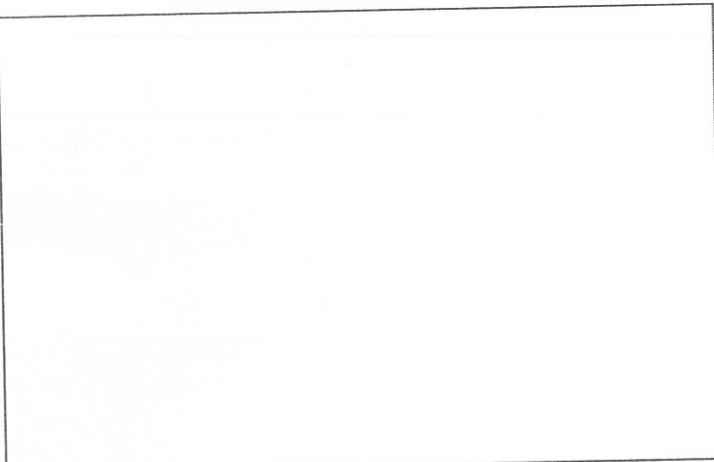
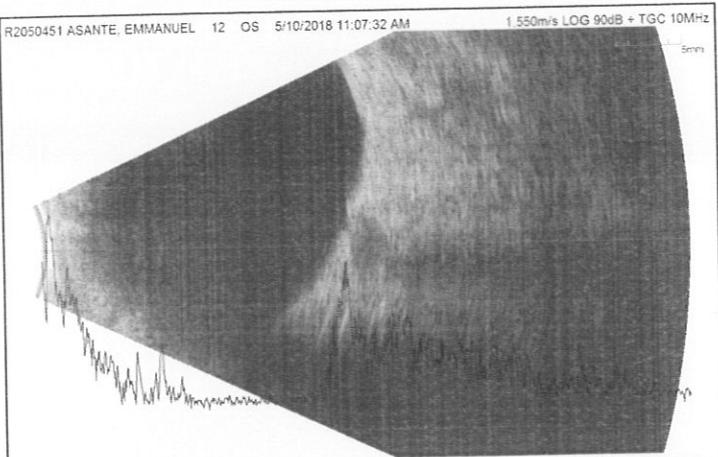
Physician: DOCTOR PRIVATE
Examiner: ABRAFIDUFFUOR

Patient ID: R2050451
Patient: EMMANUEL ASANTE
Date: 5/10/2018



Physician: DOCTOR PRIVATE
Examiner: ABRAFI DUFFUOR

Patient ID: R2050451
Patient: EMMANUEL ASANTE
Date: 5/10/2018





BEST LAB DIAGNOSTIC LABORATORY

Email: bestlab2011@yahoo.com IN PARTNERSHIP WITH BESTSCAN DIAGNOSTIC IMAGING CENTRE, KORLE-BU, ACCRA

- Opposite Nurses Training Junction, on the first floor of Old Coca-Cola Building, Ho - Volta Region
Tel: 020 331 1878 / 027 164 8282 / 026 415 1913
- Bestscan Building - 81 Guggisberg Avenue, Awetse Kojo Bus Stop, Korle-Bu - Accra
Tel: 023 360 6016 / 024 460 6016

--Hematology Analyzer Report

Param	Result	Unit	Range	Info
WBC	4.5	$\times 10^9/L$	2.5-8.5	ID:000000000001
LYM%	42.4	%	20.0-40.0	H Time:07-10-2016 09:06
MID%	7.2	%	1.0-15.0	Name:EMMANUEL OSEI ASANTE
GRAN%	50.4	%	50.0-70.0	Sex:male
LYM#	1.9	$\times 10^9/L$	50.0-70.0	Age:67Y
MID#	0.3	$\times 10^9/L$	0.1-1.8	Blood:
GRAN#	2.3	$\times 10^9/L$	2.0-7.8	Dept.:
RBC	5.10	$\times 10^{12}/L$	3.50-5.50	Bed NO.:
HGB	15.7	g/dL	12.0-18.0	Sample NO.:1779
HCT	44.0	%	36.0-54.0	Sender:VRH
MCV	86.4	fL	76.0-96.0	Checher:WISDOM
MCH	30.7	Pg	27.0-31.0	Assessor:AMEN
MCHC	35.6	g/dL	32.0-36.0	Print Time:07-10-2016 09:06
RDW_CV	10.4	%	11.5-14.5	L
RDW_SD	29.9	fL	37.0-54.0	L
PLT	265	$\times 10^9/L$	150-400	
MPV	11.0	fL	7.4-10.4	H
PDW	12.6	fL	10.0-14.0	
PCT	0.29	%	0.10-0.28	H
P_LCR	19.5	%	13.0-43.0	
P_LCC	51	$\times 10^9/L$	19-172	

CAL CHEMISTRY

VOLTA REGIONAL HOSPITAL LABORATORY

PHONE: (03620) 27323

EXT., 152, 153, 145

Fax: (03620) 27323

Lab Dir: PAUL AMOAH

CLIA ID:

Patient ID: 0161007EOA	Patient Name: EMMANUEL OSEI, ASANTE			DOB/Age: 9/19/1949 67 years	Sex: Fasting: M <input type="checkbox"/>
Patient Location: OPD		Ordering Physician:		Attending Physician:	
Accession # 50063	Specimen ID: 20161007EOA	Collection Location:	Collected: 7/10/2016 - 08:47 (BMS)	Released: 10/7/2016 - 08:50 (BMS)	
PT Notes:					

Tests/Panels Ordered:

Fasting Blood Sugar**Fasting Blood Sugar**

Test Name	Normal Results	Abnormal Results	Expected Values	Units
Glucose (SI)	5.00		3.85 - 6.10	mmol/L

d:

Legend: H = High L = Low H* = Critical High L* = Critical Low

By: *Paul* Date: 07/10/16 Time:

EMANUEL OSEI, ASANTE

Printed on 10/7/2016 at 08:51

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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 <i>3-3-17</i>	R PRESCRIPTION GIVEN								
	Dist	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
P.D. <i>70mm</i>	Inter	<i>plus</i>				<i>-1.00</i>	<i>-1.25</i>	<i>90</i>	
	Read	<i>+3.00</i>	<i>(12-5-17)</i>			<i>+3.00</i>			
HEIGHTS R L	MONO R L		BLANK			TECH SIG. CHECKED			

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME	<i>own</i>	<i>-</i>	
	LENSES	<i>photo s/r</i>	<i>100.00</i>	
	COATING	<i>Protect</i>	<i>20.00</i>	
	SUNDRIES			

PLEASE TICK	CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>	TOTAL	<i>GH¢ 120.00</i>
				VOUCHER	<i>GH¢ 100.00</i>
				BALANCE	<i>paid 12/5/17</i>
				DEPOSIT	
				BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
--------------	------------	-------------	------

16-5-17

12/05/17 after R Err
 L -0.50/-2.75 x 95.

SYMPTOMS & HISTORY	SUBJECTIVE R Plan	OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
Plns	6/R	6/36-2
6/36-2 acq	6/L	-0.75/-1.50x90 = 6/36
Binoc ADD	R Plan	Rdg ADD 70/36 = N
MUSCLE BALANCE	Add + 3.00 RS	RETEST DATE 38-
Auto	R Err	
L -1.00/-2.00 x 116		

13486



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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>70mm</i>	Inter								
	Read								
HEIGHTS R L	MONO R L		BLANK			TECH SIG. CHECKED			
DISPENSING NOTES		DESCRIPTION				GH¢	P		
		FRAME <i>Sunglasses</i>				20.00			
		LENSES							
		COATING							
		SUNDRIES							
						TOTAL <i>GH¢ 20.00</i>			
						VOUCHER <i>paid 11/11/16</i>			
						BALANCE			
						DEPOSIT			
						BALANCE			
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE						

SYMPTOMS & HISTORY

OCCUPATION
Hobbies

EXTERNAL EXAMINATION OPHTHALMOSCOPY

FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY

SUBJECTIVE

R gl
 $6/60^{-2}$
 $6/60^2$

6/R

6/L

Plans (N.I.S.)

-6.00 DS

Binoc ADD

= 6/

= 6/

60

ACCOMMODATION

R

Rdg ADD

L

 $28/60$

= N

MUSCLE BALANCE

Auto

R Exor

 $-7.25 (-1.25 \times 17^\circ)$

L

Add +3 or DS

RETEST DATE

Newspaper
 Large
 Text

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NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST <i>16-12-16</i>	R PRESCRIPTION-GIVEN							
	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
Dist								
Inter								
Read								

HEIGHTS R L	MONO		BLANK		TECH SIG. CHECKED		
	R	L					

DISPENSING NOTES	DESCRIPTION		GH¢ P	
	FRAME			
	LENSES			
	COATING			
	SUNDRIES			

PLEASE TICK	TOTAL		
	VOUCHER		
	BALANCE		
	DEPOSIT		
	BALANCE		
CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>	
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE

SYMPTOMS & HISTORY		OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
PL us 6/60 -3 us	6/R plano (N/I). = 6/ 6/L -1.00/-2.00x90 = 6/ Binoc ADD	R L Rdg ADD 76/60 = N
MUSCLE BALANCE	Add + 3.00 DS	RETEST DATE Newspaper large print
Auto		
R Error		
L -1.50/-2.50x103		

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NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R PRESCRIPTION GIVEN							
	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
25-11-2016	Dist							
P.D.	Inter							
70mm	Read							

HEIGHTS	MONO		BLANK		TECH SIG. CHECKED	
	R	L	R	L		

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME			
	LENSES			
	COATING			
	SUNDRIES			

PLEASE TICK	TOTAL			
	VOUCHER			
	BALANCE			
	DEPOSIT			
	BALANCE			
	BALANCE			
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE	
CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>		

SYMPTOMS & HISTORY		OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY <i>V_R PPL V_L 6/9</i>	SUBJECTIVE 6/R <i>V_L 6/60, 6/100 PPL</i> 6/L Binoc ADD	ACCOMMODATION = 6/ R L Rdg ADD = N
MUSCLE BALANCE <i>Auto R Errs</i>		RETEST DATE

L: -2.50 / -4.25 × 97.