

URNAMES (Block Letters)
SAVIOUR

FIRST NAMES
CHARLES

Sex
MALE

PHONE NUMBER 0244329193

ADDRESS OR RESIDENTIAL H/No 228 ORANKOR RESIDENTIAL AREA
ORANKOR - ACCRA

OCCUPATION
TECHNICAL

| MARITAL STATUS | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| MARRIED | DIVORCED | SINGLE | OTHER |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

DATE OF BIRTH
16.12.53

AGE
63

PLACE OF BIRTH
ABUJA

ANY ALLERGIC REACTION
TO MEDICINE
No

NATIONALITY
NIGERIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
SEP. 19, 2010

NEXT OF KIN
MPLA SAVIOUR

ADDRESS OR PHONE No. OF NEXT OF KIN
0244399976

116 : 800/L
paid 22/5/16

Trans Review Btl - 30.00



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mr. Charles Saviour

CARD NUMBER: 13464

DATE: 19/09/2016

c/c Growth on LE for a while. Told he needs surgery. occasional itching in LE.
on Systane BE.

Dm⁺, HPT⁺ (75 yrs, on meds), Asthma⁺, SCD⁺

VR 6/18m, 6/9pt

VL 6/18m, 6/9pt

(R) nasal spray given

c/c 4 fucus - 2/6 35

plan

① LE. Mergonix
+ mme

② Return Tears
w/ BE

fu 6/52

TOP
14/13

22-9-16

LE: Pterygium excision + MMR

23-9-16 of Review-

u 6/12/16, 6/9/17

① Conj - future intact

Cornea - no defect

u - quite

Plan

① Exocini
ref u

② Tobradex ref
u

③ Vo. Hren
ref u

④ De Ciproan
with
LE

Sn 4/62

28/9/16

② Conj - hyperemia

Cornea - clear

Sn 1/12

V 6/12 u

future intact

Men
① 1



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE: 31-10-16

9% occasional tearing in LE for 3/7:

VR 6/6 gl

VR 6/5 gl

(10) Conj - hyperemia
Cornea. clear

sup
14/5

plus
OTC
td
to

Sn 2/n

(10) Referred Test
into
B

28-12-16

%:- Review, Full sensation in eye

V_R 6/6 gl, 6/18 un

V_L 6/5⁻¹ gl, 6/18⁻¹ un

(L) Cong - hypermetropic

DDP
4/13

1/10 x full vision at 0.35

Pls.

(O) fine grad CS

(O) R. Tears
and
BS

Sn 6/32

8/2/17 Review

%:- whitish discharges from the left eye
after using the eye drops

V_R 6/6 gl

V_L 6/6⁺¹ gl.

(L) Cong - hypermetropic
white - clear

DDP

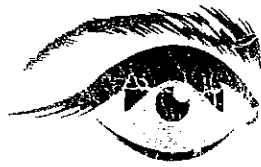
14/14

Sn 2/12

Pls.

(O) fine grad CS

(O) R. Tears and BS



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 9/3/18

C/O: For review, patient complains of seeing a little blur in the 2 eyes.

ORAL: 6/9

OLAL: 6/6

(C) Cong - hypertension

Cholesterol

Age - 40

16/10 4 - fars - 4/10 35

IN
5

14 12

plus
(C) Tolact
tid
L

for 6/52

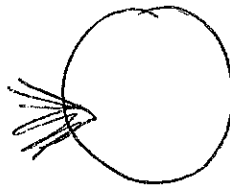
(7) R 1 lev
2d
BB

28-05-18 \angle : FB Sensaparts + tearing in
LE for a while. ~~border~~ ^{3/7} finished

$V_R: 4/6^-$
gr

$V_L: 6/6^-$
gr

Seen

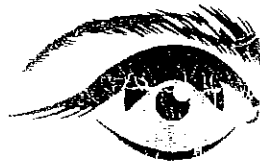


inflamed
pterygium

clear cornea

exp. LE recurrent pterygium

- plc. 1. first ^{need for} ~~clear~~ 6/4y
2. first ~~refractive~~ tear 6/4y / LE
3. See 6/52



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 27-8-2012

Yc: Painful and redness (L.E) about 3 days ago.
Oss: Teaming⁺, Discharge⁺, photophobia⁺, Soreness under upper eye
Poth: Trauma⁺, Glaucoma⁺
PmH: HPT⁺, SM⁺
SM: Pred forte & Refresh Tears

VR

~~6/8~~ 6/6gc

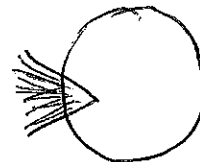
VL

~~6/8~~ 6/6gc

Seen

Did not use eye drops this weekend
but used this morning

O/E



inflamed
fleshy pterygium

hyp: Rebound inflamm.

Pl- 1. Inst Pred forte 6hly - LE

2. Inst Refresh Tears 6hly - BOB

3. for LE pterygium excision

⇒ pls book next week.

[Signature]

12/06/19

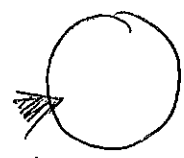
Ch: Eyes become red in the morning, was told
pterygium was re-occurring, not on any medication.

Yn: 6/12/19

6/12/19

NCT
18 18

See
of E


recurrent
pterygium
(inflamed)

- ph. 1. full refresh tears only - not
2. full AM - no stick - LE
3 See 4/52

Wl



INTER-STAR EYE CLINIC & LASER CENTRE

Date: 3RD SEPTEMBER, 2018.

MEDICAL REPORT

RE: SAVIOUR CHARLES AGE: 63YRS .

The above named was seen at the clinic with complaints of growth in the Left Eye.

Ocular examination revealed a growth in the Left Eye conjunctiva extending onto the cornea.

A diagnosis of the Left Eye pterygium was made. He is scheduled for Left Eye pterygium excision.

RECOMMENDATION: Pterygium excision(surgery) in the Left Eye at a cost of One Thousand and Five Hundred Ghana Cedis (GH¢1,500.00).

 03/09/18

DR. WINSTON CEESAY; MD, FWACS.

CONSULTANT OPHTHALMOLOGIST

DR. WINSTON CEESAY
CONSULTANT OPHTHALMOLOGIST
INTER-STAR EYE CLINIC
AND LASER CENTRE

Location: 10th Lane, Hse No. 764, Osu-RE, Opp. Buka Restaurant, near Old American Embassy
DTD 162 Cantonment, Accra

Tel: +233 (0)302 783832 Mob: +233 (0)27 7755354 / (0)24 4850200

13464



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 |
| 19-9-16 | Dist. | +1.00 | | | | +2.00 | | | |
| P.D. 70mm | Inter | | | | | | | | |
| | Read | +2.75 | | | | +2.75 | | | |

| HEIGHTS | | MONO | | BLANK | TECH SIG. CHECKED |
|---------|---|------|---|-------|----------------------|
| R | L | R | L | | |

| DISPENSING NOTE | DESCRIPTION | | GH¢ | P |
|-----------------|-------------|--------------------------|--------|---|
| | FRAME | own | - | |
| | LENSES | plastic tint slv | 80.00 | |
| | COATING | Suprimo | 180.00 | |
| | SUNDRIES | plastic tint slv readers | 120.00 | |

| | | | |
|-------------------------------|---------------------------------|--------------------------------------|-------------|
| TOTAL - 44880.00 | | TOTAL | 44880.00 |
| Nationwide - 44350.00 | | VOUCHER | 23/9/16. |
| Balance - 44530.00 | | BALANCE | 40.00 paid |
| PLEASE TICK | | DEPOSIT | 340.00 paid |
| CASH <input type="checkbox"/> | CHEQUE <input type="checkbox"/> | CREDIT CARD <input type="checkbox"/> | BALANCE |
| DISPENSED BY | | CHECKED BY | 19/9/16. |
| | | RECEIVED BY | 23/9/16. |
| | | DATE | 10/10/17 |

9-11-16

uR 6/8us

u 6/65 us 6/9 us

Subjective

| | | |
|--|---|--|
| SYMPTOMS & HISTORY R +1.50 DS L +2.75/-0.50 X 165 6/5 | | 6/5- OCCUPATION Hobbies 0.50 X 165 6/5 |
| EXTERNAL EXAMINATION OPHTHALMOSCOPY <u>Auto</u> R +2.00/-0.25 X 48 L +3.00/-0.50 X 164... | | FIELD TONOMETRY COLOUR ETC. Add +2.75 DS J2/15 |
| OPHTHALMOSCOPY 6/8us 6/18us | SUBJECTIVE 6/R +1.00 DS = 6/9 6/L +2.00 DS = 6/6 Binoc ADD | ACCOMMODATION R Rdg ADD 7/6/6- = N'S |
| MUSCLE BALANCE <u>Auto</u> R +1.50/-0.25 X 155 L +3.50/-1.25 X 38 | | RETEST DATE J2 |