

RNAMES (Block Letters)

MWOTT

FIRST NAMES

REX FORD

Sex

MALE

PHONE NUMBER

0249170569

ADDRESS OR RESIDENTIAL

P. O. BOX 3, OBRAU T/A.

OBRAU T/A LS

OCCUPATION

FARMER

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

TE OF BIRTH

AGE

09/1938

78

PLACE OF BIRTH

OTROAU

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY

GHAIAN

RELIGION

CHRISTIANITY

DATE OF FIRST ATTENDANCE

06/10/2016

NEXT OF KIN

ANNU Agyemang
- EP 18/16

ADDRESS OR PHONE No. OF NEXT OF KIN

0248212021



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mr. Rexford Nimbh

CARD NUMBER: 13696

DATE: 6/10/2016

% Blurred vision in BE for 3 yrs.
Had C/E in BE. Diagnosed of
glaucoma 3 yrs ago.
on timadol bid BE and another eyedrop
bid. BE

Dm⁺, HPT⁺ (on weeks).

VR c/0.5m w/ Afo sm, VR PL ws.
N SPT.

ON PCIR.

NMPT

A
18 24

AM=0.9⁺ Hbci AM=0.9⁺
ESR?

Plan: ① O CT \leftarrow MRNGL
mainly
Mr Brahma

RNGE being ov

Plan: Mt. Lumugan BE next

see $\frac{3}{52}$ Mt. Timobol BE BD

Dr. Ronald

INTER-STAR EYE CLINIC

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

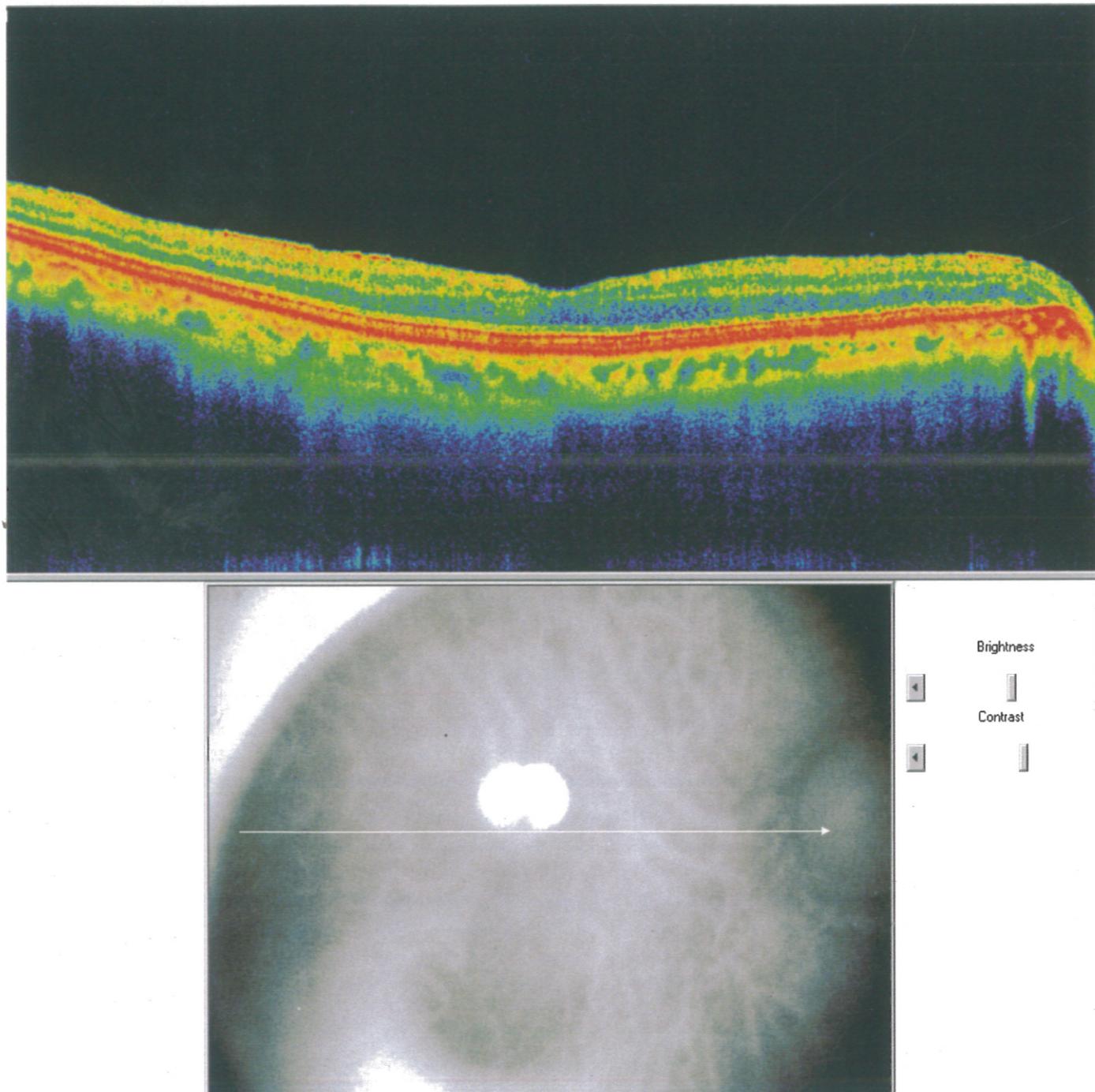
OD

Patient: NIMOH, Rexford
Physician: BRAIMAH, ZEBA
Operator: Ahiabor, Edem K
Disease:

Gender: M
ID:

Exam Date: 06/10/2016
DOB (age): 18/09/1938 (78)
Ethnicity:
Algorithm Version: A6, 1, 0, 4

OD



Report Date: Thursday October 06 12:53:26 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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INTER-STAR EYE CLINIC

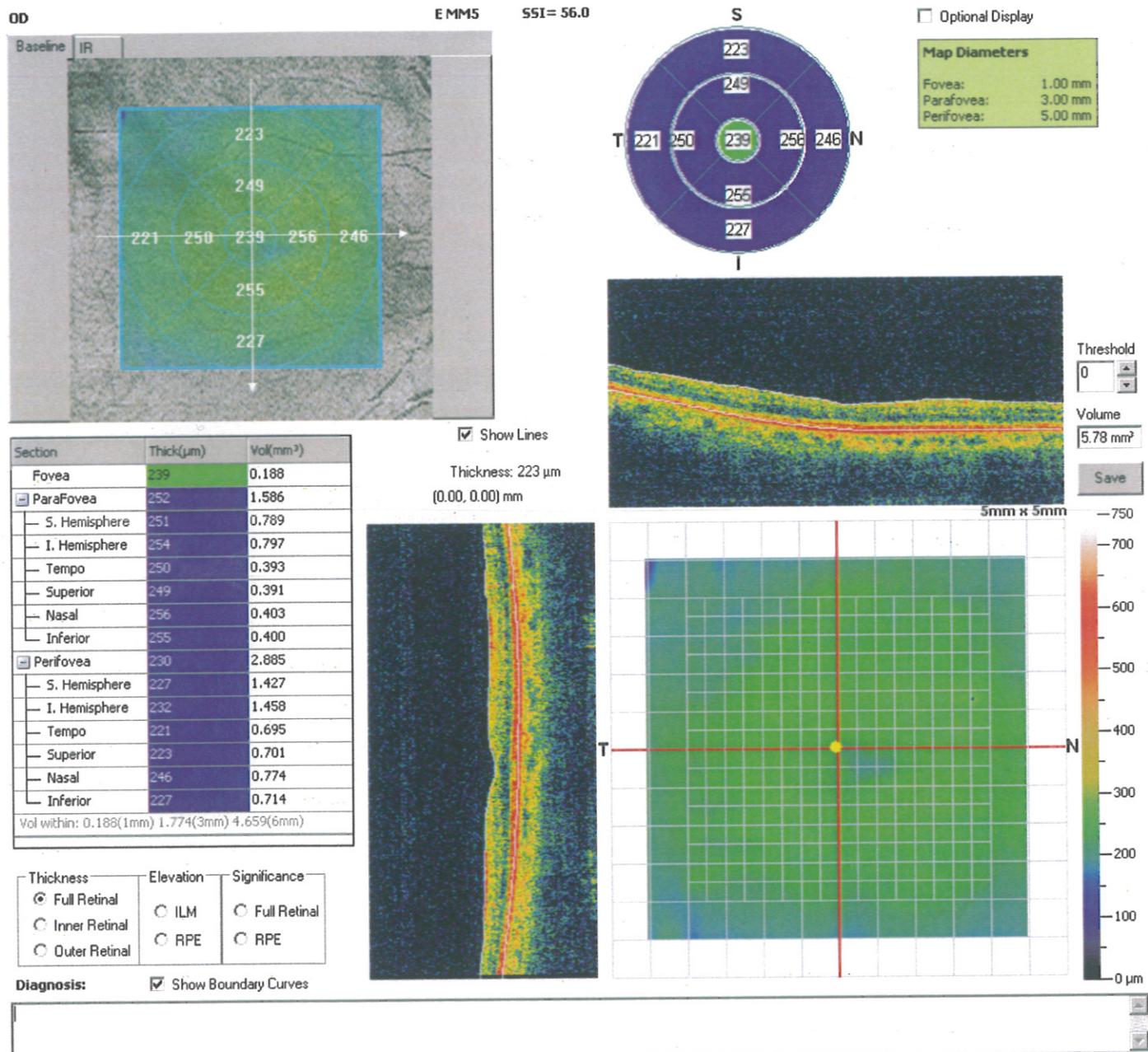
5th Lane, Hse. No F525/1 Osu . 0302783832

OD

Patient: NIMOH, Rexford
 Physician: BRAIMAH, ZEBA
 Operator: Ahiabor, Edem K
 Disease:

Gender: M
 ID:

Exam Date: 06/10/2016
 DOB (age): 18/09/1938 (78)
 Ethnicity:
 Algorithm Version: A6, 1, 0, 4



Report Date: Thursday October 06 12:53:55 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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INTER-STAR EYE CLINIC

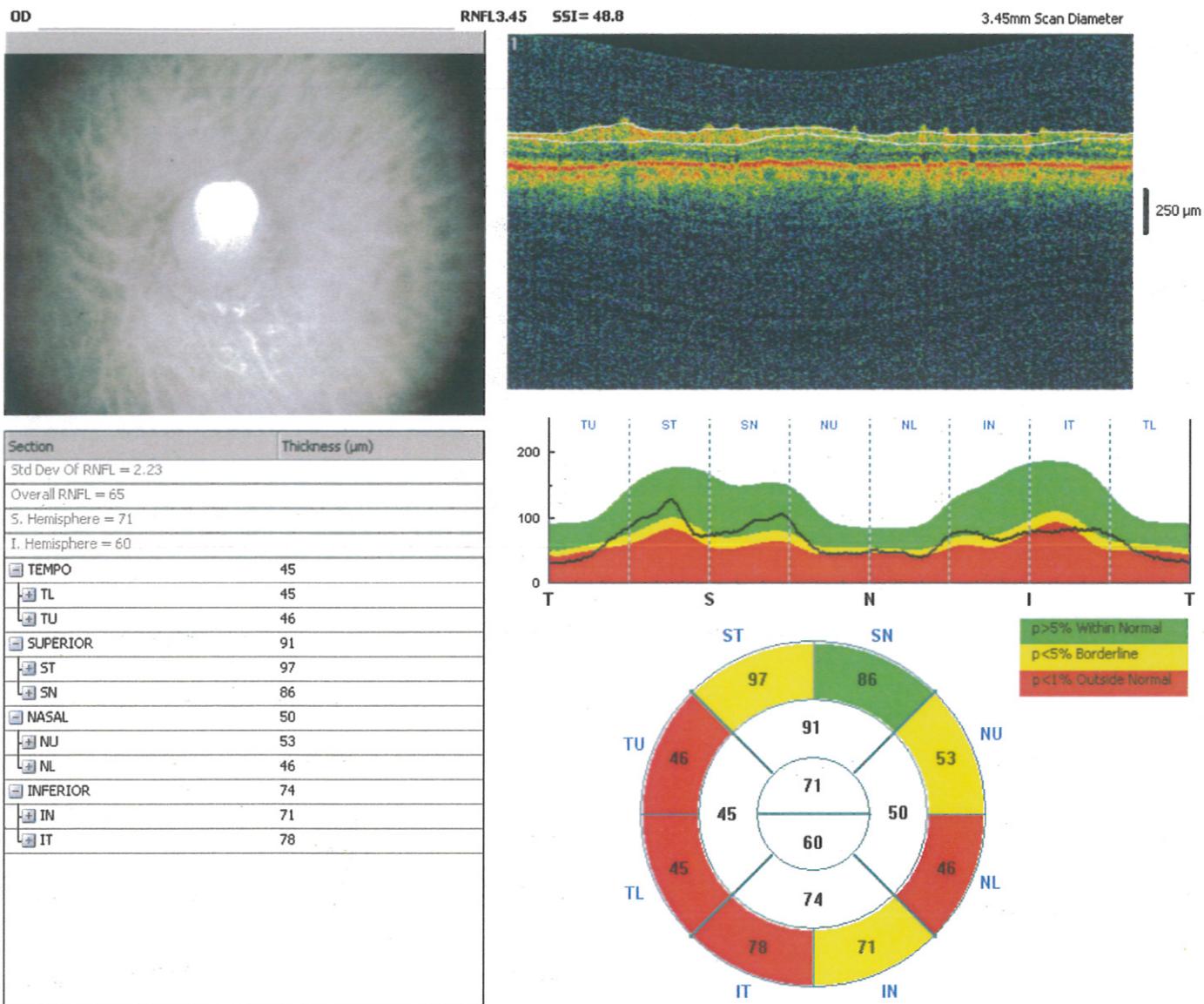
5th Lane, Hse. No F525/1 Osu . 0302783832

OD

Patient: NIMOH, Rexford
 Physician: BRAIMAH, ZEBA
 Operator: Ahiabor, Edem K
 Disease:

Gender: M
 ID:

Exam Date: 06/10/2016
 DOB (age): 18/09/1938 (78)
 Ethnicity:
 Algorithm Version: A6, 1, 0, 4



Diagnosis:

Report Date: Thursday October 06 12:53:59 2016

Report Date: Thursday October 06 12:54:08 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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INTER-STAR EYE CLINIC

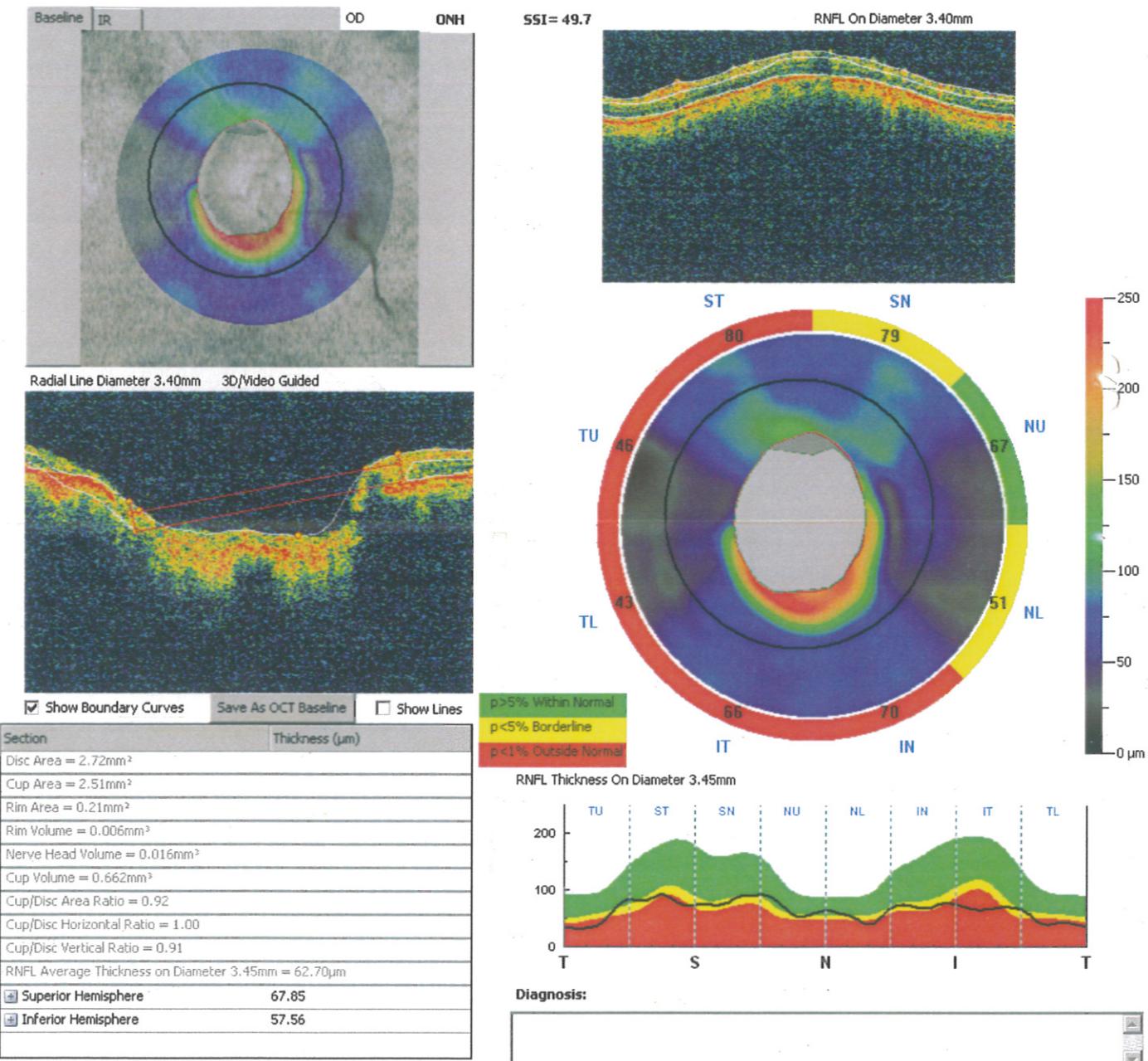
5th Lane, Hse. No F525/1 Osu . 0302783832

OD

Patient: NIMOAH, Rexford
 Physician: BRAIMAH, ZEBA
 Operator: Ahiabor, Edem K
 Disease:

Gender: M
 ID:

Exam Date: 06/10/2016
 DOB (age): 18/09/1938 (78)
 Ethnicity:
 Algorithm Version: A6, 1, 0, 4



Report Date: Thursday October 06 12:54:12 2016

Report Date: Thursday October 06 12:54:27 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: NIMOAH, Rexford
 Physician: BRAIMAH, ZEBA
 Operator: Ahiabor, Edem K
 Disease:

Gender: M
 ID:

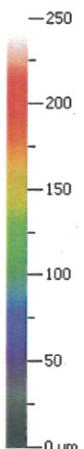
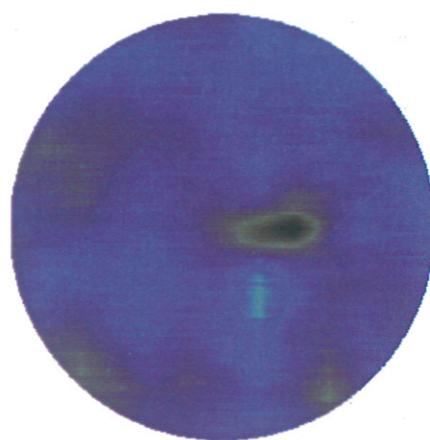
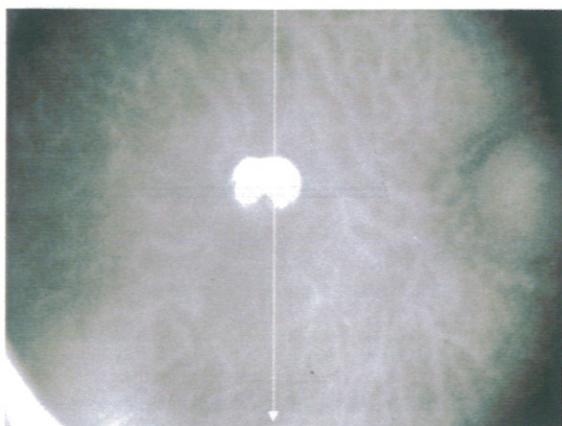
Exam Date: 06/10/2016
 DOB (age): 18/09/1938 (78)
 Ethnicity:
 Algorithm Version: A6, 1, 0, 4

OD

GCC

SSI = 60.9

Thickness Map

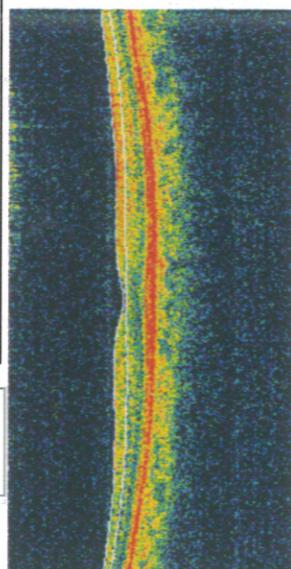


Section	Thickness	Std Dev
Average	59.46	
Superior	59.93	
Inferior	58.99	
S-I	0.94	11.87
FLV (%)	14.417	
GLV (%)	35.869	

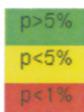
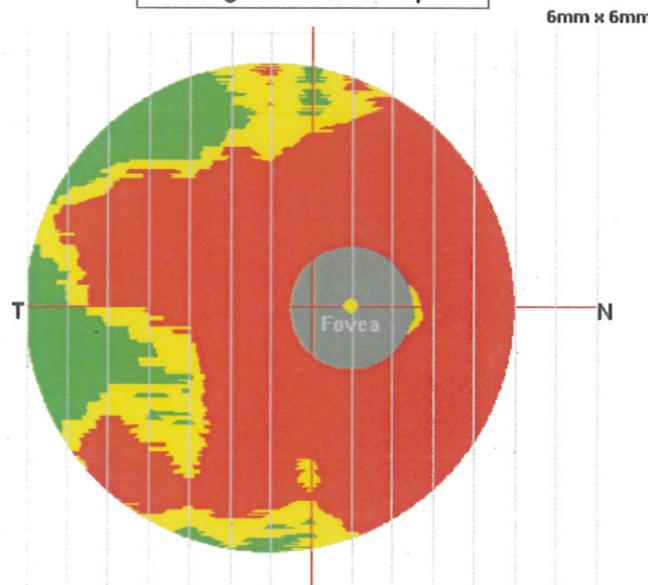
Show Lines
 Range: N/A

Thickness	GCC Thickness
<input type="radio"/> Full Retinal	<input type="radio"/> Deviation
<input checked="" type="radio"/> GCC	<input checked="" type="radio"/> Significance
<input type="radio"/> Outer Retinal	

Show Boundary Curves



Significance Map



Diagnosis:

Report Date: Thursday October 06 12:54:30 2016

Report Date: Thursday October 06 12:54:48 2016

Software Version #6, 1, 0, 4

Comments:

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INTER-STAR EYE CLINIC

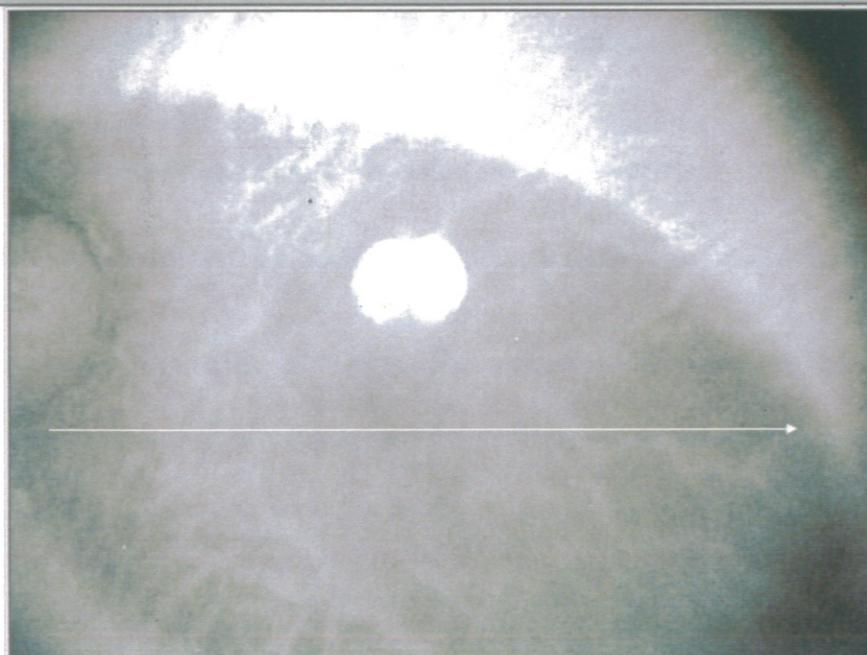
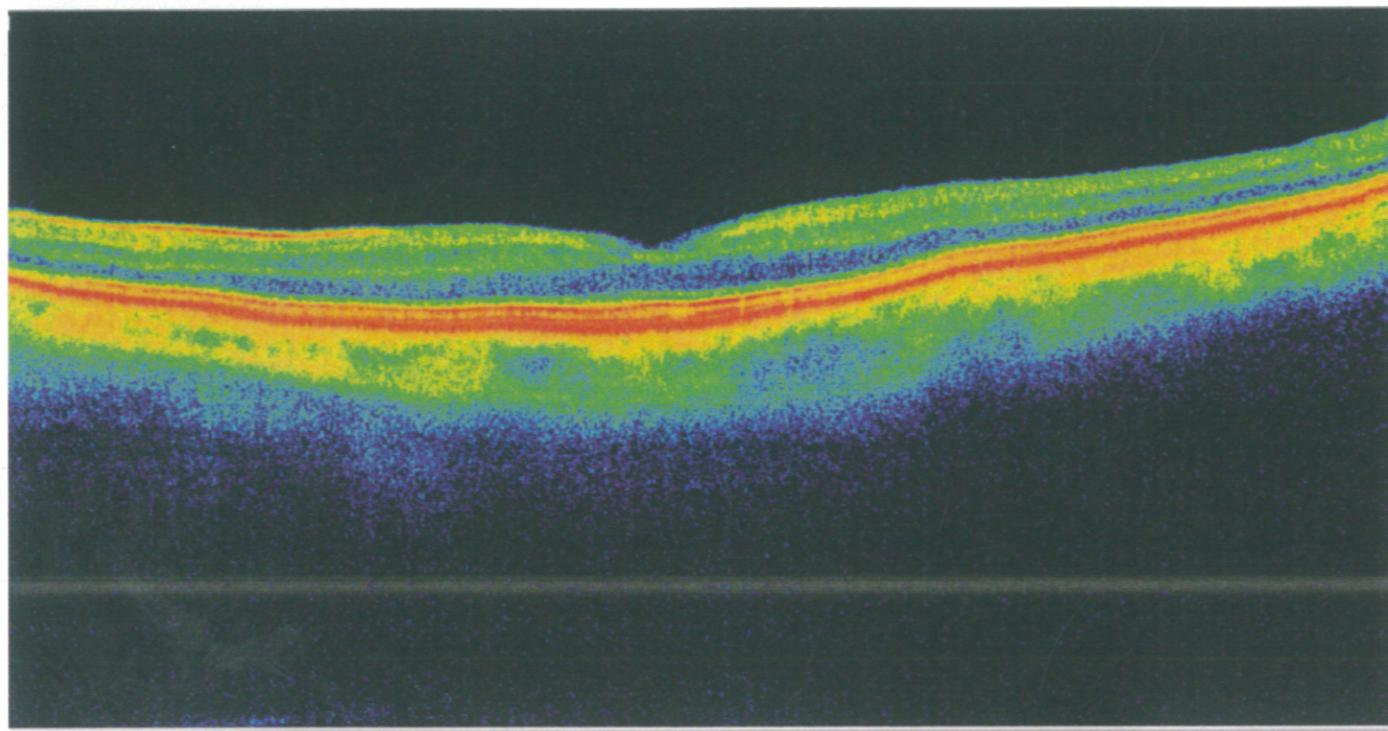
5th Lane, Hse. No F525/1 Osu . 0302783832

Patient: NIMOH, Rexford
Physician: BRAIMAH, ZEBA
Operator: Ahiabor, Edem K
Disease:

Gender: M
ID:

Exam Date: 06/10/2016
DOB (age): 18/09/1938 (78)
Ethnicity:
Algorithm Version: A6, 1, 0, 4

OS



Report Date: Thursday October 06 12:55:00 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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INTER-STAR EYE CLINIC

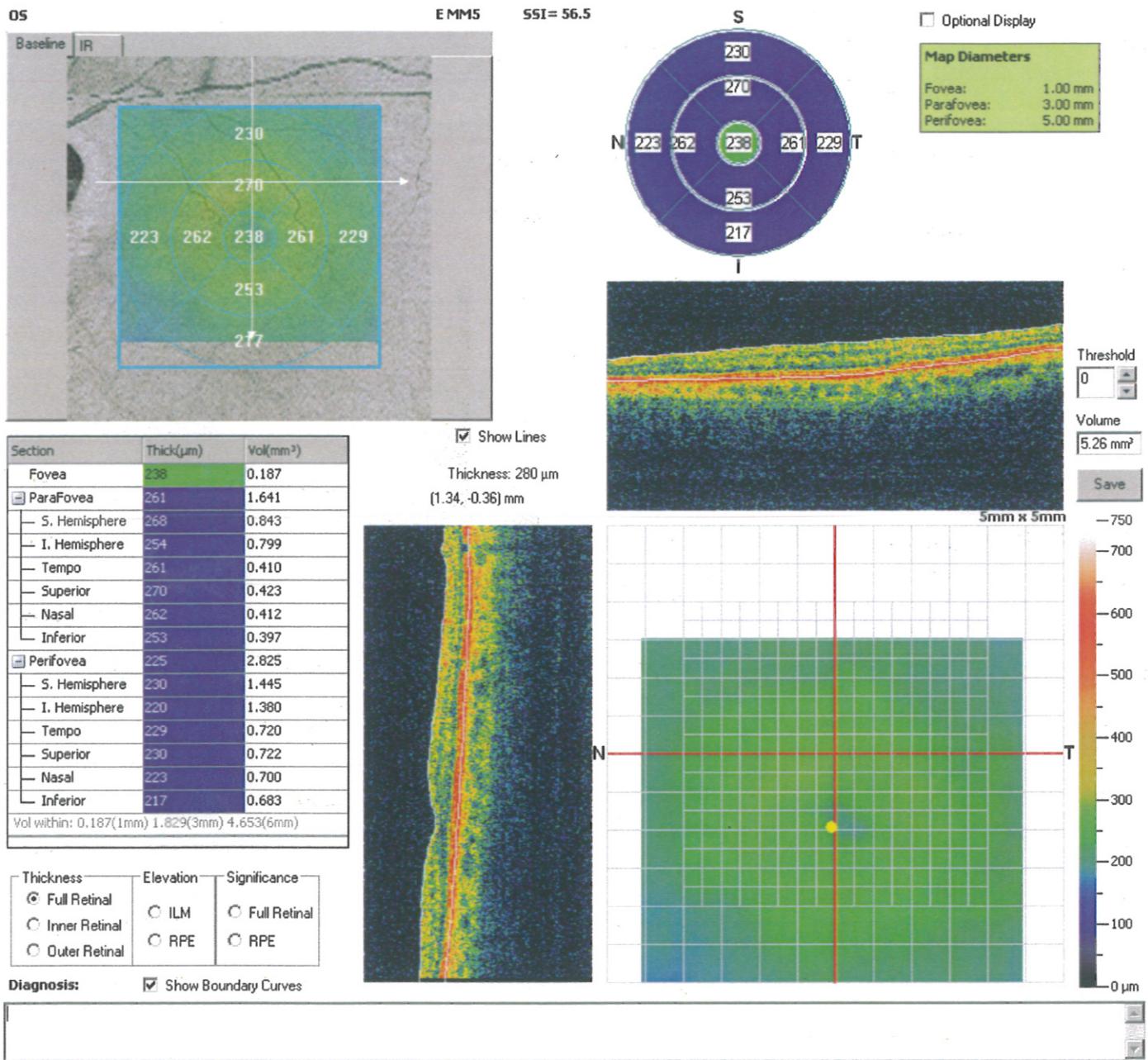
5th Lane, Hse. No F525/1 Osu . 0302783832

OS

Patient: NIMOAH, Rexford
 Physician: BRAIMAH, ZEBA
 Operator: Ahiabor, Edem K
 Disease:

Gender: M
 ID:

Exam Date: 06/10/2016
 DOB (age): 18/09/1938 (78)
 Ethnicity:
 Algorithm Version: A6, 1, 0, 4



Report Date: Thursday October 06 12:55:18 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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INTER-STAR EYE CLINIC

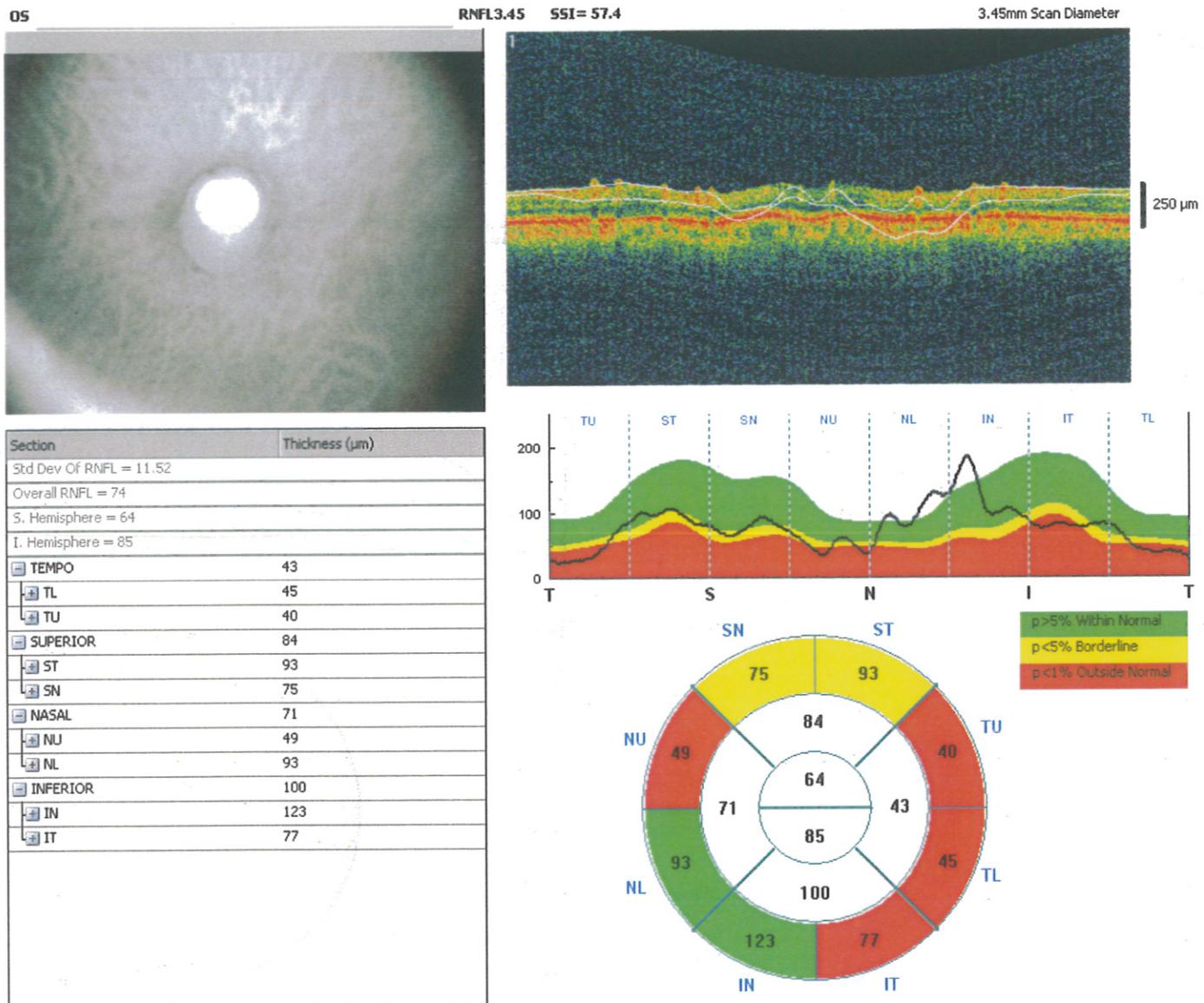
5th Lane, Hse. No F525/1 Osu . 0302783832

Patient: NIMOH, Rexford
 Physician: BRAIMAH, ZEBA
 Operator: Ahiabor, Edem K
 Disease:

OS

Gender: M
 ID:

Exam Date: 06/10/2016
 DOB (age): 18/09/1938 (78)
 Ethnicity:
 Algorithm Version: A6, 1, 0, 4



Diagnosis:

Report Date: Thursday October 06 12:55:51 2016

Report Date: Thursday October 06 12:56:03 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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INTER-STAR EYE CLINIC

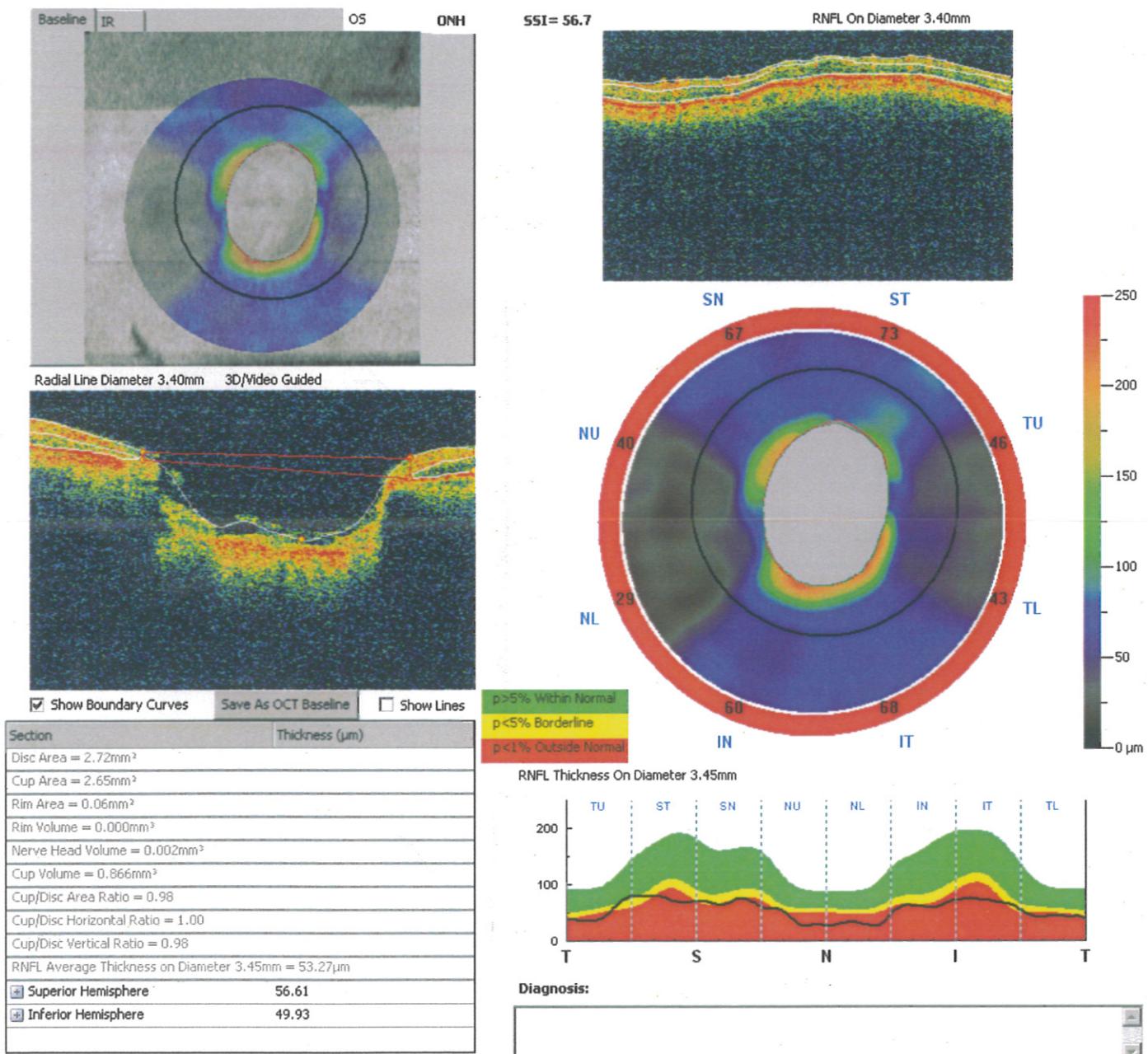
5th Lane, Hse. No F525/1 Osu . 0302783832

OS

Patient: NIMOH, Rexford
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 Operator: Ahiabor, Edem K
 Disease:

Gender: M
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Report Date: Thursday October 06 12:56:26 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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INTER-STAR EYE CLINIC

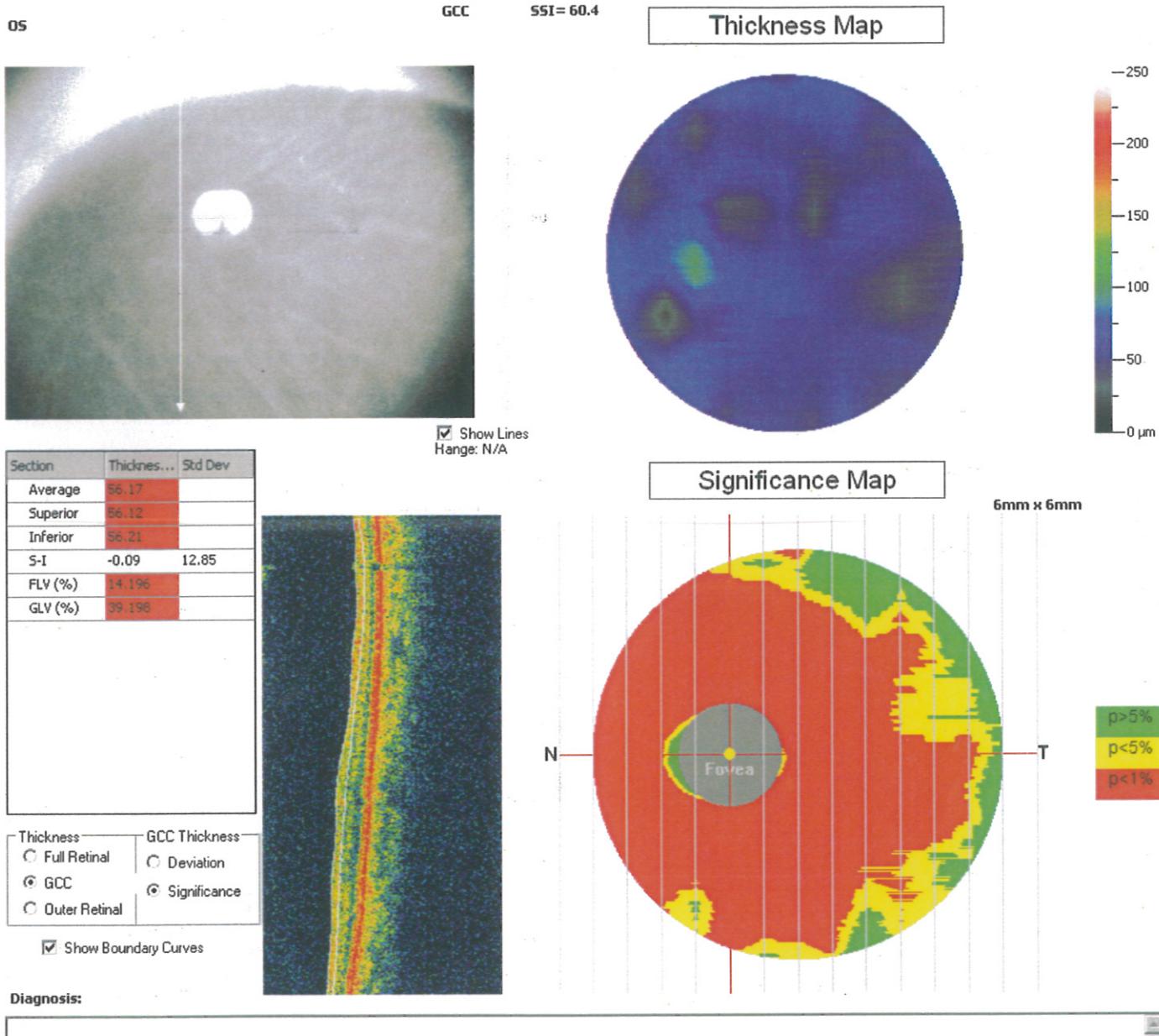
5th Lane, Hse. No F525/1 Osu . 0302783832

OS

Patient: NIMOH, Rexford
 Physician: BRAIMAH, ZEBA
 Operator: Ahiabor, Edem K
 Disease:

Gender: M
 ID:

Exam Date: 06/10/2016
 DOB (age): 18/09/1938 (78)
 Ethnicity:
 Algorithm Version: A6, 1, 0, 4



Report Date: Thursday October 06 12:56:28 2016

Software Version #6, 1, 0, 4

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

13696

NAME: <u>13696</u>	TEL HOUSE	WORK						
ADDRESS:	DATE OF BIRTH							
DATE OF TEST <u>6-10-16.</u>	R PRESCRIPTION GIVEN							
	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
Dist								
P.D.	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"/>		RECEIVED BY			DATE	
DISPENSED BY	CHECKED BY							

SYMPTOMS & HISTORY		OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
cfe 0.5m w PL	6/R -9.00DS 6/L N L Binoc ADD	= 6/ cfelam R Rdg ADD PL L = N
MUSCLE BALANCE		RETEST DATE
Auto R - 9.50/- 1.25 X 147		
L - 4.50/- 4.50 X 73		