

RNAMES (Block Letters)

CRONZE

FIRST NAMES

REBECCA

Sex

F

PHONE NUMBER..... 0248 644987

ADDRESS OR RESIDENTIAL..... HALF - ASSIN

OCCUPATION

TEACHER

MARITAL STATUS

MARRIED	DIVORCED	SINGLE	OTHER
		✓	

TE OF BIRTH

15/60

AGE

56

PLACE OF BIRTH

HALF - ASSIN

ANY ALLEGIC REACTION
TO MEDICINE

ATIONALITY

HANAIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

6/10/2016

NEXT OF KIN

MR. ACKATH

ADDRESS OR PHONE No. OF NEXT OF KIN

0244 766338 BURMA CAMP

10/16



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Md. Rebecca Cronze

CARD NUMBER: 13698

DATE: 6/10/2016

P/C:- She cannot see with the right eye
Px had surgery in the right eye.

: Tearing+, pain+, gritty sensation.

Asthma-, diabetes-, hptn-, SCD-

VR 6/36w, 6/18pt. VR 6/18w, 6/12pt

HLDV ✓

injected Cystome ✓

WMLQ ✓

flare+
AETOR ALC ✓

lens EC, NS.

PMI ✓

Plan: OCT - macular to N/CME
Wt. econopred (1) Eye O/D
Wt. peramex (2) Eye T/Dx (3)
give glasses W. Brunnas bottle

See 3/12

give glasses

A
13 14

MB

07-08-17:

QC: For reversal. Glasses broken.

VR: 6/36 eye PHT 6/24

VR: 6/24⁺ eye 6/18 PHT

A
12 12

(+) -hd (-)

- = long - !

Clear - Convex - Clear

Concave - flat - Dull

Lens - Lens - C^o M^o P₈₀₀[#]

OU - Mueller (BO)

CWR - 239

~~Phy~~

1. Back eye CLE + Retina

2. Eye fundus

3

PHT

INTER-STAR EYE CLINIC

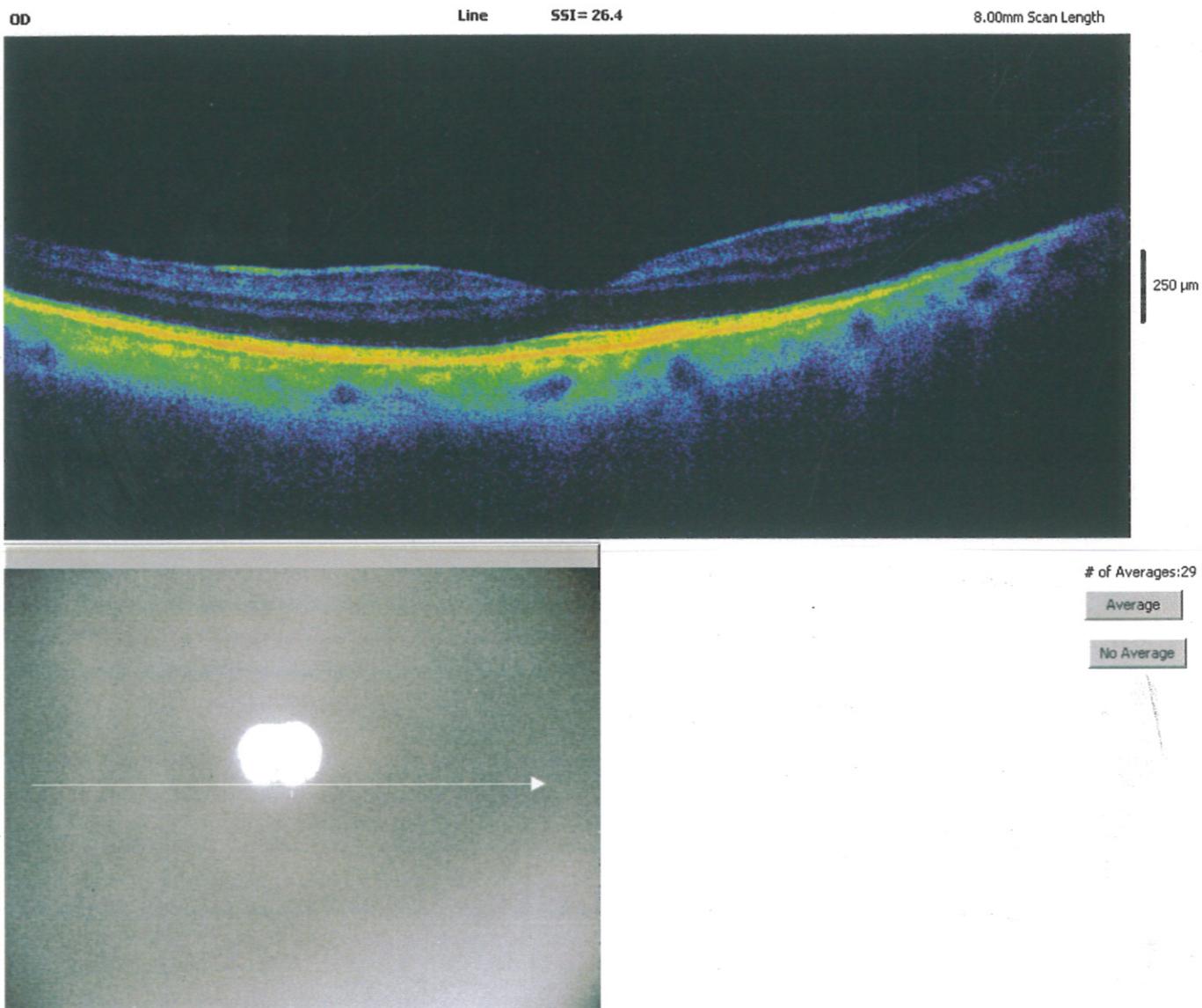
5th Lane, Hse. No F525/1 Osu . 0302783832

Patient: CRONZE, Rebecca
Physician:
Operator: Seglah, Geoffrey
Disease:

Gender: F
ID:

Exam Date: 06/10/2016
DOB (age): 15/05/1960 (56)
Ethnicity:
Algorithm Version: A6, 1, 0, 4

OD



Diagnosis:

[Empty text box]

Report Date: Thursday October 06 15:13:22 2016

Report Date: Thursday October 06 15:13:29 2016

Software Version #6, 1, 0, 4

Comments: *unable to acquire Macula thickened Scan of right eye,
low signal.*

Signature:

Defining the OCT Revolution

optovue

INTER-STAR EYE CLINIC

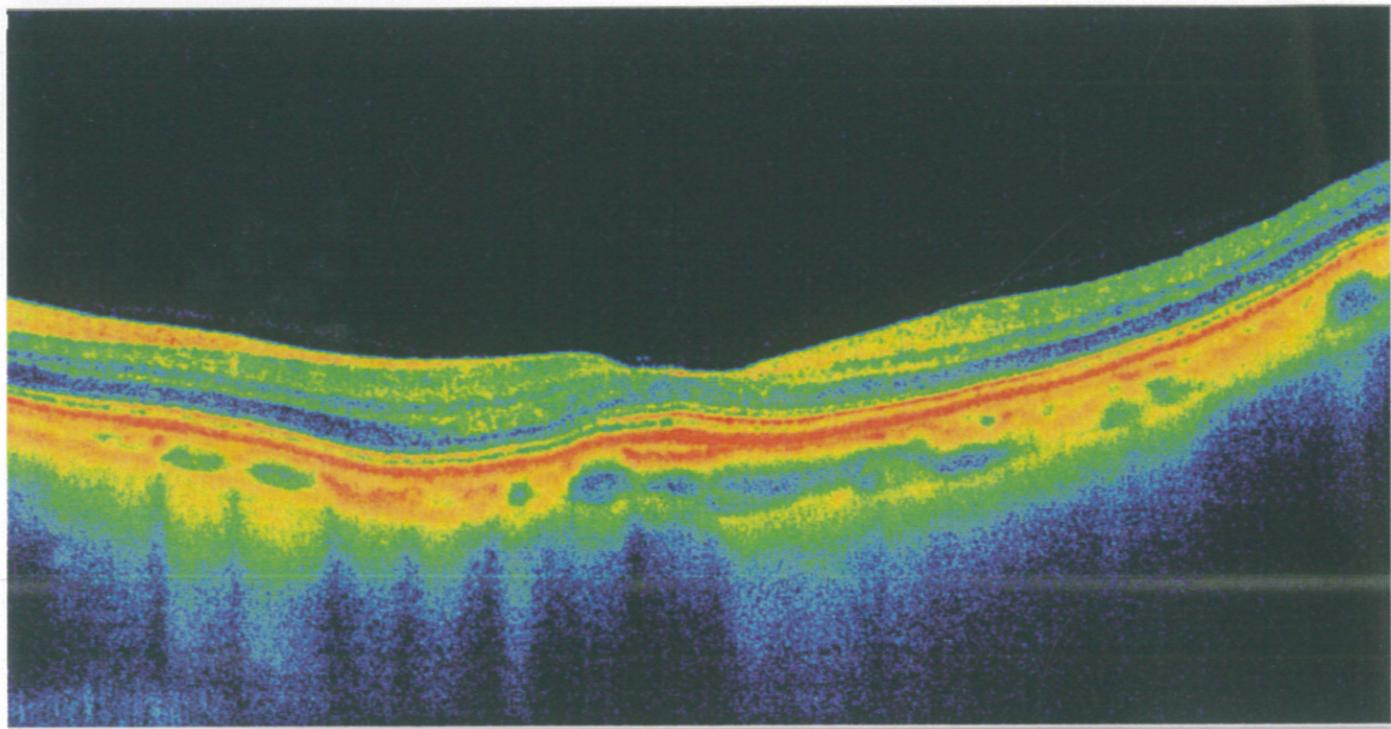
5th Lane, Hse. No F525/1 Osu . 0302783832

Patient: CRONZE, Rebecca
Physician:
Operator: Seglah, Geoffrey
Disease:

Gender: F
ID:

Exam Date: 06/10/2016
DOB (age): 15/05/1960 (56)
Ethnicity:
Algorithm Version: A6, 1, 0, 4

OS



Report Date: Thursday October 06 15:13:41 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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INTER-STAR EYE CLINIC

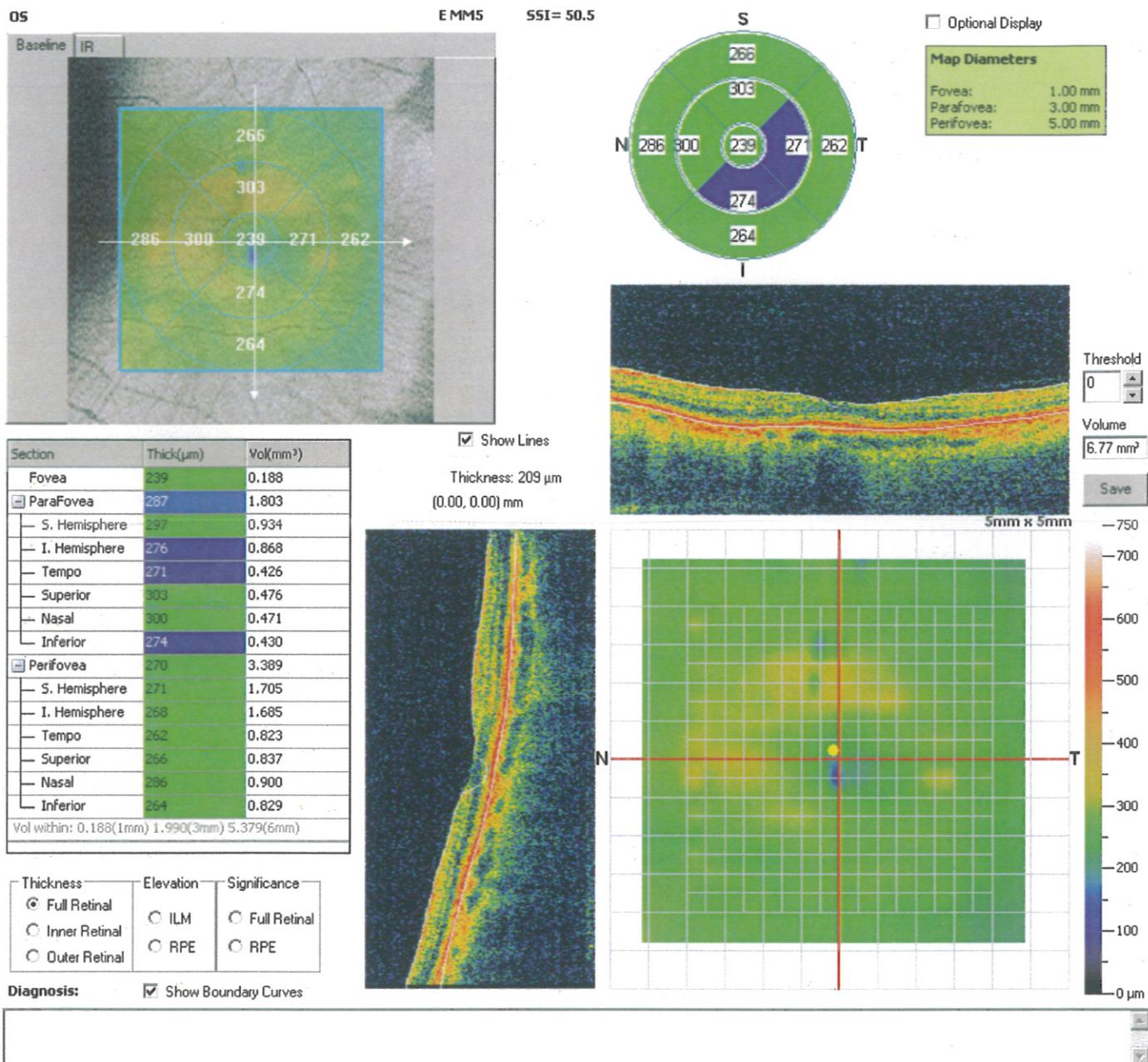
5th Lane, Hse. No F525/1 Osu . 0302783832

OS

Patient: CRONZE, Rebecca
Physician:
Operator: Seglah, Geoffrey
Disease:

Gender: F
ID:

Exam Date: 06/10/2016
DOB (age): 15/05/1960 (56)
Ethnicity:
Algorithm Version: A6, 1, 0, 4



Report Date: Thursday October 06 15:13:55 2016

Software Version #6.1.0.4

Comments:

Signature:

Defining the OCT Revolution

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13698



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
8/8/17	Dist -1.50				+0.75 -1.50	90		
P.D.	Inter							
65 mm	Read +2.50				+2.50			

HEIGHTS	MONO		BLANK		TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	Full rim	purple	DESCRIPTION	GH¢	P
	FRAME	Suprino			
	LENSES	Photo bif		250	
	COATING	Express fee		20	
	SUNDRIES				

PLEASE TICK	CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>	TOTAL	GH¢ 470.00
				VOUCHER	paid 1/8/17
				BALANCE	
				DEPOSIT	
				BALANCE	
DISPENSED BY	CHECKED BY	RECEIVED BY		DATE	218/17

SYMPTOMS & HISTORY		OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
6/36 L.E. 6/24 + 6/18 L.E.	6/R -1.50 D.S 6/L +0.75 / -1.50 X 90° Binoc ADD	= 6/12 + R Rdg ADD L = N
MUSCLE BALANCE	Read Newspaper Print with difficulty	RETEST DATE

13698.



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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
6-10-16	-1.50				+0.75	-1.50	90	
P.D. 65mm								
Inter								
Read	+2.50				+2.50			

HEIGHTS	MONO		BLANK		TECH SIG. CHECKED			
R	L	R	L					

DISPENSING NOTES	DESCRIPTION		GH¢ P 120.00 150.00	
	FRAME Tm 811 53 17 135			
	LENSES UV 61f			
	COATING			
	SUNDRIES			

PLEASE TICK	TOTAL			paid 6/10/16	
	VOUCHER				
	BALANCE				
	DEPOSIT				
	BALANCE				
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE	10/10/16	

~~OPA~~

9-08-14

R - 1.50 DS 6/24 +

L +0.75 / -1.50 X 90 6/12 +

Add + 2.50 D + → Read newspaper

Prints with difficulty

SYMPTOMS & HISTORY		OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
6/36ns	6/R -1.50 DS = 6/18 R 6/L +0.75 / -1.50 X 90 = 6/9 -2 Binoc ADD	78302. Rdg ADD = N
MUSCLE BALANCE	Add + 2.50 DS	RETEST DATE 3/4
Auto R Errant		
L +1.25 / -1.50 X 93		