

URNAMES (Block Letters)
81BO

FIRST NAMES
ROLAND

Sex
M

PHONE NUMBER.....0244724849

ADDRESS OR RESIDENTIAL.....TAFIA

OCCUPATION
TEACHING

| MARITAL STATUS | | | |
|----------------|----------|--------|-------|
| MARRIED | DIVORCED | SINGLE | OTHER |
| ✓ | | | |

DATE OF BIRTH
OCT '56

AGE
60YRS

PLACE OF BIRTH
ACCRA

ANY ALLEGIC REACTION
TO MEDICINE
NONE

NATIONALITY
GHANAIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
06/10/16

NEXT OF KIN
A. ATTISO

ADDRESS OR PHONE No. OF NEXT OF KIN
0244 2425 48 (UNCLE)

3000 paid 13/10/16
16/11/16



INTERSTAR EYE CLINIC & LASER CENTRE

NAME: Roland Osibo

CARD NUMBER: 13689

DATE: 6/10/16

9c Referred for RE PPV.

Blurred vision in RE for 4/12.

floaters and flashes in RE, VF defect⁺,
Dm⁺, HPT⁺, Asthma⁺, sed⁺.

VR CF@2.5m us.

~ 6/9 us

~ Sp⁺

✓ Lid ✓

05 16

mild injection

conjunctiva

clear

cornea ✓

BML

H/C ✓

normal, PS⁺

pupils ✓

pigmentation

lens ✓



fundi ✓

PVR grade 6

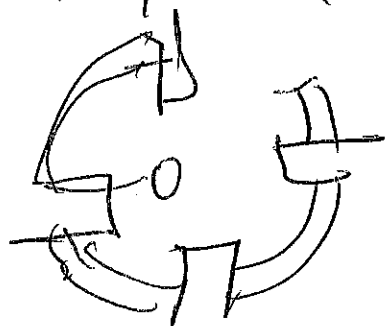
RE

Plan! To use indirect ophthalmoscopy

needs @ RD repair - GH/6000

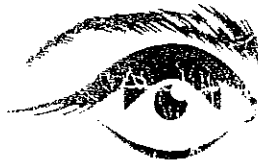
U - cyclopentolate NE RD Today/saturday
alt - flaxel Right eye only or Tuesday
Dr. Brannan

(10) SB & LA, SRF drained
2-8mm x 7mm sponge



5-omethylene
methacrylate suture

post: Tel. Tamoxifen 50mg BID
Tel. Ibuprofen 400mg BID
Tel. mannitol 500mg BID
See tomorrow at 12 noon
Dr. Brannan



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE: 14/10/16

Vn - CF 4m

A
22

Swollen Lid

injected conjunctiva
PEE corner

fungal DCC

pigments -
an anterior capsule

CC, 1052 lens

retina attached fundi

Plan: Ut. Etonopres plus 3mls re

GH. alogam Q10 re

Ut. Tds. Minox 500mg BD x 3/4

See on Monday PM Dr. Brinjal

17/10/16 4h - CF 3m

✓ Lid

Injected Corticosteroids



Conjunctiva

46 A

- Pupil

ACE

round

pupil

1/18 pigments on lens
ant-lens capsule

ROS, CC

Plan: Ad. economies plus 4hly RE
Ad. atheroma Q1D RE

See 1/2

Dr. Brimble

Balance of medical - anti-F or
paral is 15/16 -



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE:.....

14-11-16

of Review. • RMLD vision @ eye.

UR c/o 3.5mug

6/65pt phosia.

A



epithelial edema.

23 after 30min

injected conjunctiva

- 1st. mannitol 50mg stat. 500mg 100mg
- 2nd. Timolol 1% BD
- 3rd. Tepol 1% nocte. neking attaches fms.
- 4th. prednisolone 1% 4x10RE

See 1st. neking 10mg 10RE

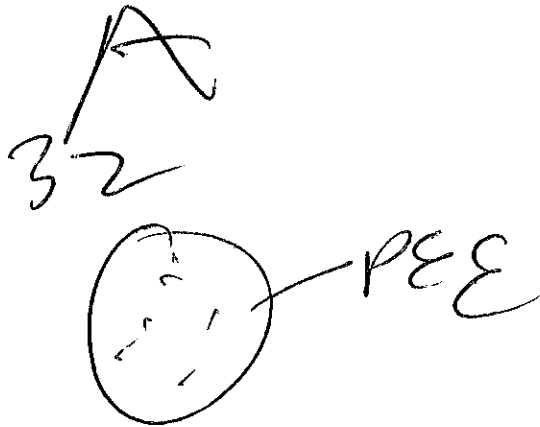
Dr. Brainerd

Dr. Brainerd

2-11-16 % Review.

VR 403.5 mV, 6/6 g/
6/60 pH,

VR 419 mV, 4/6 g/



plan - stop premeasured 1%.

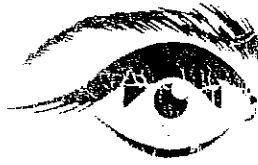
• CT other

• all voltages RE TID

Tds. manner 250 mV TID ^{5 day} ~~18~~ %

see 1/52

Mr. Brames



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE: 29-11-16

q/c Review

VR CF @ 4m na
6/60 PH

A
32

Plan: CI Texop 2 epinim

W. Amblyopia RETD
W. Neurotic RETD
W. Neurotic ligand RETD

See 7/52

Dr. Brana

13/12/16 VR CF @ 4m na.
6/60 PH

A
23 20

ME

0.6 CU 0.7

neurotic

Plan: alt. Texop BE nocte
see 6/52 CI epinim, Amblyopia, Neurotic, Neurotic ligand
Dr. Brana

9/1/7

V12 - 6/60 us, 12.1 pH V1 - 6/9m

A
16 20 @ pigments
on a meal
end of the line

VA 1003 B

neting
attached fmd netina attached.
laser marks

Men: CI Texpor BE note -
Exptm of BE BO
~~Run time BE BE~~
at - Newmac Riga eye T10
all - newmac Ligniel BE T10

See 3/12

Dr. Brana

| | | | |
|-----------------------------------------------------|------------------------------------------------------|-----------------------------|-----------------------------------------------|
| SYMPTOMS & HISTORY | | OCCUPATION HUBBIES | |
| EXTERNAL EXAMINATION OPHTHALMOSCOPY | | FIELD TONOMETRY COLOUR ETC. | |
| OPHTHALMOSCOPY | SUBJECTIVE | | ACCOMMODATION |
| CF 2.5m ne 6/9us | 6/R plano (N.I) 6/L +0.50/-0.50 x 90 Binoc ADD | | = 6/6 R CF 2.5m 7/6/6 Rdg ADD = N |
| MUSCLE BALANCE | | | RETEST DATE |
| Auto Add +3.00 DS R Error L +1.25/-0.75 x 89. | | | 73 |

| | | | |
|------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------|------------------------------------------|
| SYMPTOMS & HISTORY | | OCCUPATION HUBBIES | |
| EXTERNAL EXAMINATION OPHTHALMOSCOPY | | FIELD TONOMETRY COLOUR ETC. | |
| OPHTHALMOSCOPY cf 35m 6/9 us | SUBJECTIVE 6/R -2.00/-0.75x90 = 6/60 6/L -1.50/-0.50x90 = 6/6 Binoc ADD | | ACCOMMODATION R L Rdg ADD 7d = N 5 |
| MUSCLE BALANCE Aut R Error L +1.00/-0.75x85 | | RETEST DATE J2 | |



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 15-11-16 | R PRESCRIPTION GIVEN | | | | | | | |
|--------------------------|----------------------|-----|------|-------|-----|-----|------|-------|
| | Sph | Cyl | Axis | Prism | Sph | Cyl | Axis | Prism |
| Dist | | | | | | | | |
| P.D: 74mm | Inter | | | | | | | |
| | Read | | | | | | | |

| 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 <input type="checkbox"/> | CHEQUE <input type="checkbox"/> | CREDIT CARD <input type="checkbox"/> | | |
| DISPENSED BY | CHECKED BY | RECEIVED BY | DATE | |