

SURNAMES (Block Letters)
FARI

FIRST NAMES
JENNIFER

Sex FEMALE

PHONE NUMBER. 0545637840

ADDRESS OR RESIDENTIAL. ASOFAN

OCCUPATION
OFFERFIELD IND LTD

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH
1st AUGUST 1995

AGE
25

PLACE OF BIRTH
SUATONG

ANY ALLEGIC REACTION
TO MEDICINE
NO

NATIONALITY
ETHANALAN

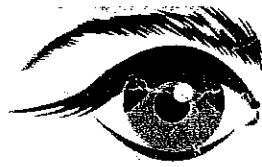
RELIGION
CHRISTIAN
NOT A RELIGION

DATE OF FIRST ATTENDANCE
26TH SEPTEMBER 2017

NEXT OF KIN
FARI BLESSING

ADDRESS OR PHONE No. OF NEXT OF KIN
0249255922

WCP 26/9/17



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Afan Jennifer

CARD NUMBER: 18234

DATE: 26-9-17

% Occasionally experiences headaches for 5 yrs.
Asthma, scoliosis. Growth on RE.

VR 6/5ua

u. 6/5ua.

A
12 12

Ⓟ - ~~Ad~~ Ⓟ

Ⓞ_x - Gng - /

IBur - Cones - IBur

Ma - Aze - Ma

RA - Angul - RA

Clear - bur - Clear

Go 0.5 - Fuden Go 0.4

Imp: Imp Ann
by eyes

1 VFF

2 Left Ican Natural SE pd.

WFT

-21.46dB - AM - -26.29dB

11.33dB - PM - 9.16dB

W

1 Rembe flamer

2 See 1/52 for repeat VFT for (RVED)

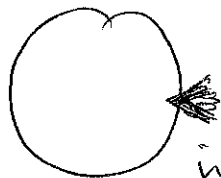
04.07.18

Q: Itching in BE + Growth in RE with
occasional headaches.

V_R: 6/5 gr

V_L: 6/5 gr

Scm



inflamed
tympanic

Slight hyperemia
der. cone

W: RE inflamed tympanic

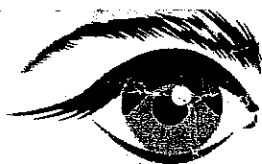
PL: 1. full desatol only - RE

2 full Patanol 1200mg

3. full Tears natural only / BE

4. See 4/52

W



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE: 25-07-18

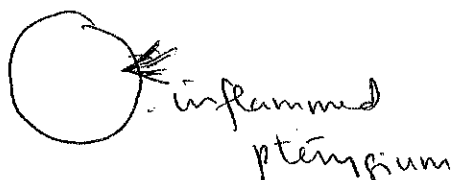
Q: Pains in RE since this morning.
Trauma?

Vh: 6/18m

sem gntt Dexametrol finished 5 1/2 ago

VL: 6/9m

O/E c/o photophobia,
tearing +
diffuse injection



hyp. Rebound inflammation

1. gntt dexametrol 6 only
2. gntt Refresh Tears 6 only
3. See Saturday morning.

WJL

7-07-18

Coming for review. She is on retropal tears and
desatrol

VR

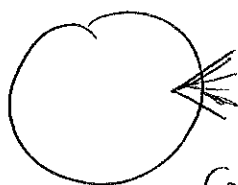
6/5ua 6/5gs

VR

6/5ua 6/5gs

sem

Amrit



Grade I ptosis

new Ameg

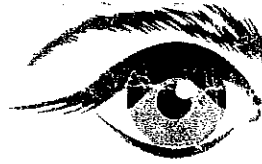
deg AC

Pl- 1. full desatrol 8hr $\times \frac{1}{52}$
then 12hr $\times \frac{1}{52}$
the once dly $\times \frac{1}{52}$ | no

2. full the fresh tear 6hr - not

3. See $\frac{3}{52}$

Wt



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE: 17-8-18

Yc: Itching still persist and mild headache
Occasional eye pain (even with the drops)
Dth: Pred forte got finish (24 hours ago)
R. Tears is almost finish

VR
6/5gr

VL
6/5gr

AT < 20
18

BE - Papillae ⊕

Fundus - C:D - 0.6:1
vessels ⊗

Ado

BE - Opatadine e/d
2 time/day x 1 mth
Refresh tears e/d
4 times/day x 1 mth
Review in 1 mth

NAME JENNIFER AFARI

ID 18234

BIRTHDATE 08-03-92

GRAYTONE

NUMERIC DB

TOTAL DEVIATION

PATTERN DEVIATION

RIGHT C24-2

RX USED

DS

DCX

DEC

AGE 25 STRATEGY FULL THRESHOLD

FIXATION TARGET CENTRAL

TIME 01:03:38 PM

26

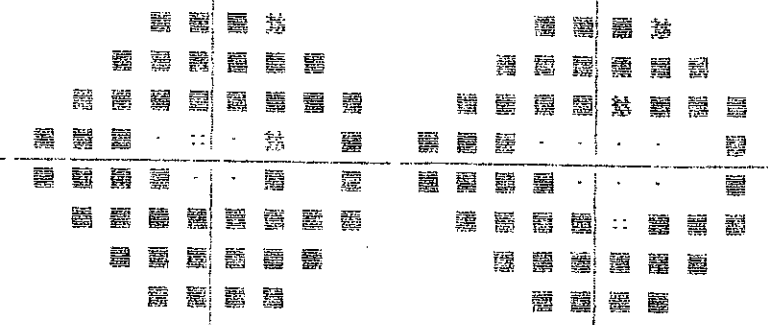
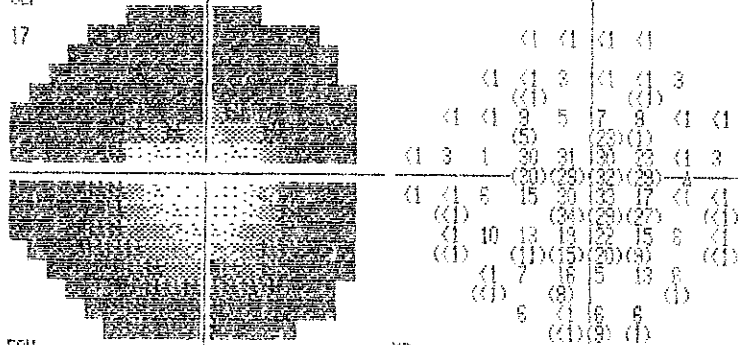
SEP

17

FL 0/22

FN 2/3

FP 0/16



FOV

37 DB

MD

-21.46 DB P < 0.5%

P50

11.33 DB P < 0.5%

SF

3.08 DB P < 2%

CP50

10.84 DB P < 0.5%

LEFT C24-2

RX USED

DS

DCX

DEC

AGE 25 STRATEGY FULL THRESHOLD

FIXATION TARGET CENTRAL

TIME 12:43:02 PM

26

SEP

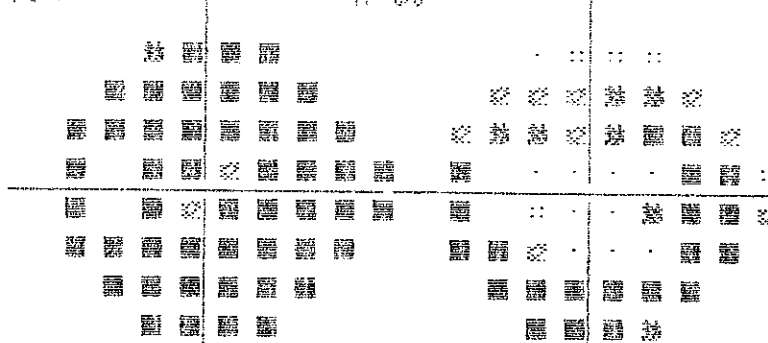
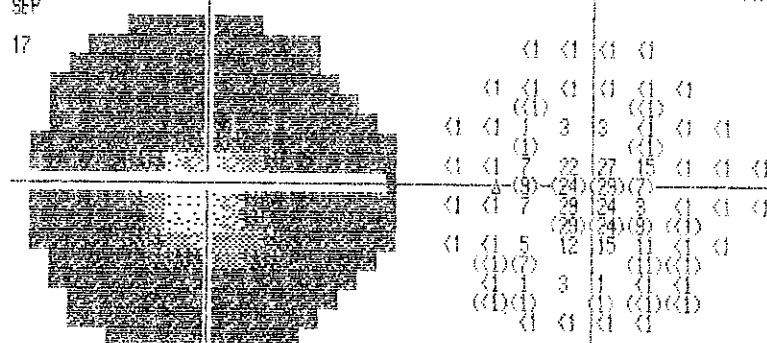
17

LOW PATIENT RELIABILITY MAKES COMPARISON WITH NORMAL DATA BASE RESULTS QUESTIONABLE

FL 0/17

FN 3/6 xx

FP 0/8



FOV

37 DB

MD

-26.79 DB P < 0.5%

P50

9.16 DB P < 0.5%

SF

0.43 DB

CP50

9.15 DB P < 0.5%

PROBABILITY SYMBOLS

:: P < 5%

* P < 2%

* P < 1%

* P < 0.5%

GRAYTONE SYMBOLS

SYM
AGE	8 to .1	2.5 to 1	8 to 3.2	25 to 10	79 to 32	251 to 100	794 to 316	2512 to 1000	7943 to 3162
DB	41 to 50	36 to 40	31 to 35	26 to 30	21 to 25	16 to 20	11 to 15	6 to 10	1 to 5

INTER STAR EYE CLINC

0277-755354/0244850200

HALLERGAN
HUMPHREY

REV AB



INTER-STAR EYE CLINIC & LASER CENTER

18284

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			
17-08-18	Dist	+0.75				+0.75						

P.D. 68mm	Inter								
	Read								

HEIGHTS		MONO		BLANK	TECH SIG: CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES			
	COATING			
	SUNDRIES			

TOTAL	
VOUCHER	
BALANCE	
DEPOSIT	
BALANCE	

PLEASE TICK

CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE

Fogging: +1.80 DS

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
6/5 _g L	6/R +0.75 DS		R = 6/5
6/5 _g L	6/L +0.75 DS		L = 6/5
	Binoc ADD		Rdg ADD 6/5 = N
MUSCLE BALANCE			RETEST DATE
<p><i>Auto</i></p> <p>R: -0.25/-0.25 X 146</p> <p>L: plano / -0.50 X 87</p>			

18234



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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			
26-9-17	Dist	+0.50				+0.50						
P.D. 66mm	Inter											
	Read											

HEIGHTS		MONO		BLANK		TECH SIG. CHECKED
R	L	R	L			

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢
	LENSES	UV 51V	80
	COATING		
	SUNDRIES		

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	GH¢ 800.00
	VOUCHER	paid 26/10/17
	BALANCE	280.00
	DEPOSIT	300.00 paid 26/9/17
BALANCE		

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			26/10/17

Fogging from +2.00 Ds.

SYMPTOMS & HISTORY R to .50 Ds L to .50 Ds.		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY <div style="text-align: center;"> <u>Final</u> <u>R+</u> R fogging L </div>		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY 6/5u 6/5u	SUBJECTIVE 6/R Plano 6/L Plano Binoc ADD		ACCOMMODATION R Rdg ADD 76/5 = N
MUSCLE BALANCE Auto $R - 1.25 / -0.25 \times 126$ $L - 1.25 / -0.25 \times 77$			RETEST DATE