

URNAMES (Block Letters)
BROWN

FIRST NAMES
VIVIAN A.

Sex
FEMALE

PHONE NUMBER. 0285010325

ADDRESS OR RESIDENTIAL. 10 ADD OGON HIGHWAY EXTENSION NUNGUA
PO BOX TN87 TNE

OCCUPATION
SNIT RETIRED PERSON

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
✓			

DATE OF BIRTH
-03-1936

AGE
80 YEARS

PLACE OF BIRTH
ACCRA

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
ANAIAN

RELIGION
CHRISTIANITY

DATE OF FIRST ATTENDANCE
6-10-2016

NEXT OF KIN
-A. BROWN

ADDRESS OR PHONE No. OF NEXT OF KIN
0208121908

6/10/16
yca - 5th floor
per cl 7/10/16



INTERSTATE EYE CLINIC & LASER CENTRE

NAME: Vivian A. Brown

CARD NUMBER: 13700

DATE: 6/10/16

P/c:- Something feel on the right eye. Cannot see well with the right eye.

H/c:- Occured abt 6 weeks ago.

Asthma, diabetes, hptn⁺, SC-

Px's on tobrex, ciloxan, dexamethasone currently.

U_R Hm ucr Hm gl.

U_L NPL

A
15

✓ Lid
✓ conjunctiva
✓ cornea

found H/C
found pupil
PCIOR lens
PCO

anophthalmia socket
phthisis bulbi

Hemihyes
+CME

fund.

Plan: dilate right + OCT - macular
no Brains

OD
CNO

Plan: needs arastin injection
bp please right eye → 3

Dr. Bonner



INTER-STAR EYE CLINIC & LASER CENTRE

CONSENT FORM FOR ADULT/CHILDREN

NAME: FRANCIS L. A. BROWN

SEX: MALE

D.O.B: 15-5-1929

ID No:

OPERATION CONSENT BY PATIENT/RELATIVE

I, FRANCIS L. A. BROWN

On behalf of: MIRIAM A. BROWN

Hereby consent to undergo the operation of

The effect and nature of which has been explained to me

I also consent to such further or alternative measures as may be found to be necessary during the course of such operation and the administration of local or other anaesthetic for the purpose of same

I understand an assurance has not been given that the operation will be performed by a particular surgeon

Signature of Patient/Relative: *FRANCIS L. A. BROWN*

Date: 15-5-1929

I, *MIRIAM A. BROWN* have seen this consent before surgery and explained the nature of the operation to patient/relative

Signature of Doctor: *MIRIAM A. BROWN*

Date: 15-5-1929

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
UR ua Hm	6/R	N. I	R
		#M = 6/	L
VL. NPL	6/L	N. I.	Rdg ADD
		NPL = 6/	= N
MUSCLE BALANCE			RETEST DATE
Auto R - 0.75/-5.05 x 105 L: Error			