

SURNAMES (Block Letters)
AHEVI

FIRST NAMES
IDDRISM

Sex
MALE

PHONE NUMBER 0242383940

ADDRESS OR RESIDENTIAL ANI/B/010 CHANTIAN (NEW) ACTIMOJA

OCCUPATION
TRADER

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

DATE OF BIRTH
AGE 66 YEARS

PLACE OF BIRTH
DAMANKO

ANY ALLEGIC REACTION
TO MEDICINE

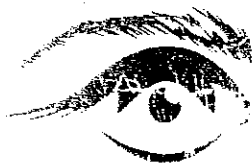
NATIONALITY
HANTIAN

RELIGION
ISLAM

DATE OF FIRST ATTENDANCE
18/05/2017

| | |
|----------------------------|--|
| NEXT OF KIN AHEVI ALIDU | ADDRESS OR PHONE No. OF NEXT OF KIN ANI/B/010 CHANTIAN NEW ACTIMOJA |
|----------------------------|--|

0.00
id 10/11



INTERSTATE EYE CLINIC & LASER CENTRE

NAME: IDDRISSU AHELI

CARD NUMBER: 16602

DATE: 18/5/17

q/c Blurred vision in BO for a while.

Had LE q/c 2 yrs ago.

Dm⁺, HPT⁺ (on fbs).

VR c/o 3m, 6/60ft.

VR. 6/18², 6/9ft

A
19 19

② - lsd - ②

- Conj -

Clear - Cornea - clear

OK - All - OK

RR⁺ - pupil - RR⁺

CR⁺ NS⁺ P80⁺ - lens - P80

Power near { 4/10 - 0.3
fars -
Retia - non

Imp. LE Pseudophakia

2 RE Cataract - P80

Pls. Book RE q/c + P80
2 fbs, fbs.

Shy

Brown & Tye (RE)

K₁ - 43.4

K₂ - 44.8

A_L - 24.23

WGP - 18.00 (0.04)

18.50 (-0.29)

iovue MODEL : FA 6025D POWER : 19.00 D
Optic Ø : 6.00 mm Over All Ø : 12.50 mm
Mfg. Dt: 2015 / 08 Exp. Dt: 2018 / 07
Lot. S.No: FAG5226 112713

14-07-17 RE. Phase + IOL
19.0

aps

V_L - 6/9 m 6/9

V_L 6/24 m 6/12

(R) Corneo - Strab. kerat h
AZ. + 2 cells

PCIDL

IOL

22 16

plu.

① Pres forte h₁ RE

② Vigamox 2nd RE

③ Melanox

④ dexamox 2nd RE
t₁ p₁

fu 1/52



INTERSTAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

22-7-17

DATE:

Yc Review.

VR 6/18us, 6/9ph.

VR 6/24us, 6/12ph

(R) Cornea - S-T hatched
AC - +1 Cells
PCDL

Plus

(1) Pred fute 2w/15 _{RE}

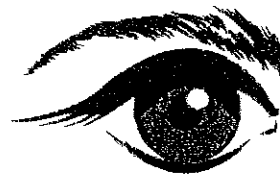
(2) Verno x anal _{RE}

(3) Hxline qd _{RE}

(4) dno x _{RE}

See 4/52

(5) R lens and _{RE}



INTER-STAR EYE CLINIC & LASER CENTRE

CONSENT FORM

NAME..... AHEVI J. DDIRISU
SEX..... MALE
D. O. B. 20-8-49
ID NO. 16602

OPERATION CONSENT BY PATIENT/RELATIVE

I..... AHEVI J. DDIRISU
On behalf of.....

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 anesthetic 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..... P. K. K.

Date 10-07-17

I..... Dr. Y. S. ADAM..... have seen this consent before surgery and explained the nature of the operation to patient relative

Signature of Doctor..... ay

Date 10-07-17

| | | | |
|--|---------------------------------------|-----------------------------|--|
| SYMPTOMS & HISTORY | | OCCUPATION HOBBIES | |
| EXTERNAL EXAMINATION OPHTHALMOSCOPY | | FIELD TONOMETRY COLOUR ETC. | |
| OPHTHALMOSCOPY | SUBJECTIVE | | ACCOMMODATION |
| Gf 3m Gf 18 2 Gf 18 3 | 6/R N.I. 6/L -1.75 DS Binoc ADD | | = 6/1 Gf 3m = 6/9 Rdg ADD 7 DS = N |
| MUSCLE BALANCE | | RETEST DATE | |
| Auto R. Emor L -2.00/-0.50 X140° | | Add +2.75 DS | |