

URNAMES (Block Letters)

~~AKH~~ G-THMFI

FIRST NAMES

STEPHANIE

Sex

FEMALE

ONE NUMBER.

0274939849 / 0240521475

DRESS OR RESIDENTIAL..... D 40 BRONX - 46C KUMASI

CUPATION

MIDWIFE

MARITAL STATUS

MARRIED	DIVORCED	SINGLE	OTHER
		✓	

E OF BIRTH

10/7/85

AGE

31 Years

PLACE OF BIRTH

KUMASI

ANY ALLEGIC REACTION
TO MEDICINE

ALLERGIC TO
SYPHYLL DRUGS

NATIONALITY

ANAKAM

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

06/10/16

NEXT OF KIN

JOSUA G-THMFI

ADDRESS OR PHONE No. OF NEXT OF KIN 0240521475

PLT 75 BLK A 100 ANAKAM KUMASI

1 - CPS - 6/16/16.

\$1000 (A/L)

period 19/6/16

initials - initial 16.



INTERSTAR EYE CLINIC & LASER CENTRE

NAME: Ms. Stephanie Gyamfi

CARD NUMBER: 13703

DATE: 6/10/2016

c/o :- Blurred vision in both eyes even with spectacles.
Sees black dots in both vision.
Pain, Itch, burning sensation, tearing -
Asthma, Diabetes, hptn, Sickle Cell -

VR 6/60ms, 6/24g1 VR. cfermua, 6/60g1
6/18ph 6/24ph

Lid ✓

papilled conjunctiva papillae

A
4/4

○ pigment
line

cornea

○ pigment
line

✓ All ✓

✓ pupil ✓

✓ Ams ✓

CM=0.6 fundi CM=0.4
Bergmeister papillae

Plan: Ct-patanol BE BD

Corneal topography

Su 7/2

DR. ROMAN

① Plan
R/L Cornea OSS -
linking

Su 7/2

2410-16

R/L Cornea XL done w/
forceps Anesthesia

① Plan
R/L Bandage CL

② Cisoxan and
BS

③ Voltaren and
BS

④ Jabs Naloxon-Duo
75mg
act

Su 7/2



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE:

% Review

VR 6/60m, 6/12 ph

W 6/60³m, 6/18 ph

CL intact - Other - CL intact

Pls,

① CT

Su YS

31-10-16 % Review - contact lens on.

VR 6/60m, 6/12 ph. W 6/60³m, 6/18 ph

CL intact - Other - CL intact
clear

Su YS

Pls,
① T-tetrahexal 5%
② T-tetrahexal Free 5%

After replacing Contact lens

VR 6/60w, 6/12ph vs 6/60w, 6/18ph

28-11-16 % Review. difficulty placing contact lens on eyes

VR 6/60w, 6/12ph

6/
36

- Central
cone
- clear

VR 6/60w, 6/12ph

6/
60

Clear
Central cone

See 2/2

Plan —

① Tobralex

1st 2/2

2nd 2/2

② T-surface free

1st
2/2



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER: 13703

DATE: 17-02-117

% Review -

F(35)

V_R 6/- QL
V_L 6/- QL P_R 6/- (ph) V_L 6/- (ph)

Keratconus - Calcise - Keratconus

clear - all - clear

clear - lens - clear

Plan

① Flonex bridge

② Torotrue free

2nd

③ Recontact

BS

for 4/52

21-4-17 dc uncomfortable wearing new
contacts. Has gone back to using old ones

VR 6/60² vs 6/12 ph n cfos 5ms
6/18² ph

clear clearer clear

TOP

14 13

Plan

D R tear every 5s

fin 8/52

WAVELIGHT - ALLEGRO OCULYZER 4 Maps Refractive



WaveLight®

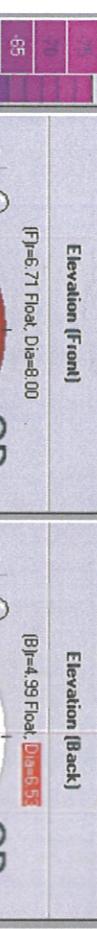
2



Wavelight®

WAVELIGHT - ALLEGRO OCULYZER

Belin / Ambrosio Enhanced Ectasia



Last Name:	GYANFI
First Name:	STEPHANIE
ID:	13703
Date of Birth:	04.07.1985
Eye:	Right
Exam Date:	06.10.2016
Time:	13:07:14
Exam Info:	



Corneal Thickness

300

340

380

420

460

500

540

580

620

660

700

740

780

820

860

900

940

980

1020

1060

1100

1140

1180

1220

1260

1300

1340

1380

1420

1460

1500

1540

1580

1620

1660

1700

1740

1780

1820

1860

1900

1940

1980

2020

2060

2100

2140

2180

2220

2260

2300

2340

2380

2420

2460

2500

2540

2580

2620

2660

2700

2740

2780

2820

2860

2900

2940

2980

3020

3060

3100

3140

3180

3220

3260

3300

3340

3380

3420

3460

3500

3540

3580

3620

3660

3700

3740

3780

3820

3860

3900

3940

3980

4020

4060

4100

4140

4180

4220

4260

4300

4340

4380

4420

4460

4500

4540

4580

4620

4660

4700

4740

4780

4820

4860

4900

4940

4980

5020

5060

5100

5140

5180

5220

5260

5300

5340

5380

5420

5460

5500

5540

5580

5620

5660

5700

5740

5780

5820

5860

5900

5940

5980

6020

6060

6100

6140

6180

6220

6260

6300

6340

6380

6420

6460

6500

6540

6580

6620

6660

6700

6740

6780

6820

6860

6900

6940

6980

7020

7060

7100

7140

7180

7220

7260

7300

7340

7380

7420

7460

7500

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7580

7620

7660

7700

7740

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7820

7860

7900

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8020

8060

8100

8140

8180

8220

8260

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9140

9180

9220

9260

9300

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9540

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9620

9660

9700

9740

9780

9820

9860

9900

9940

9980

10020

10060

10100

10140

10180

10190

10200

10210

10220

10230

10240

10250

10260

10270

10280

10290

WAVELIGHT - ALLEGRO OCULYZER 4 Maps Refractive

wavelight

Refractive

Last Name: GYAMFI
First Name: STEPHANIE
ID: 13703
Date of Birth: 04.07.1985
Exam Date: 06.10.2016
Exam Info:

OS: Flat	Eye: Left	Time: 13:35:28
RS: 5.10 mm	K1: 59.4 D	R1: 5.68 mm
ECC: 1.61	K2: 66.1 D	R2: 5.39 mm
DS: ▲ Data G	Ax: 169.4 °	Astig: -6.7 D
[mm]	[flat]	[flat]
Rper: 8.00 mm	Rmin: 4.43 mm	Rmin: 4.43 mm

Cornea Front

Cornea Back

Curvature [Front]

Curvature [Back]

Corneal Thickness

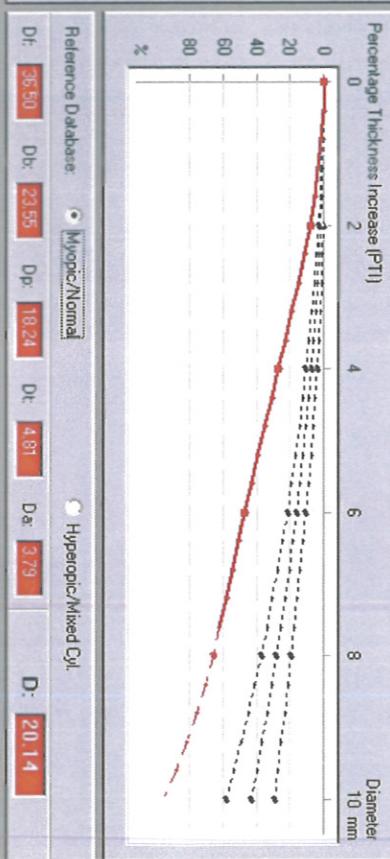
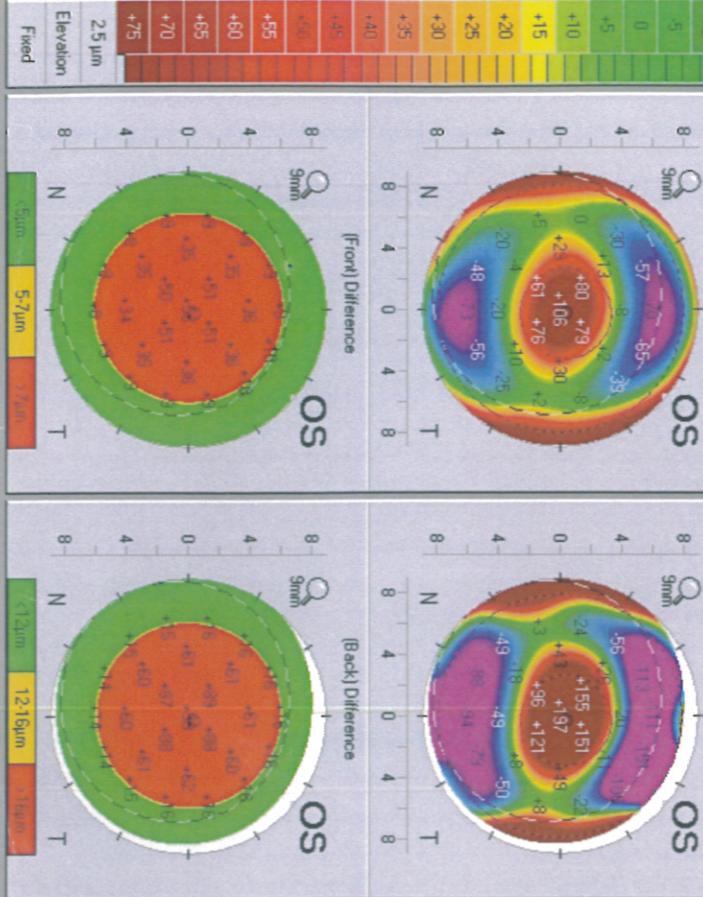
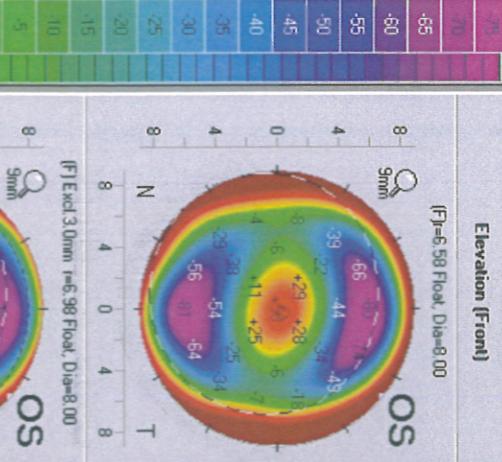
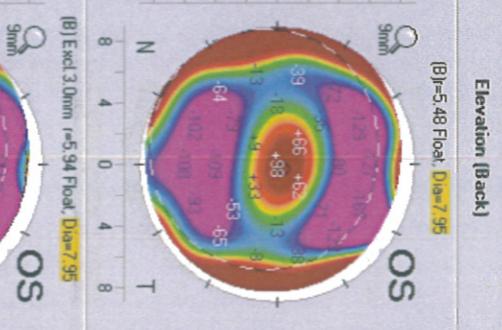
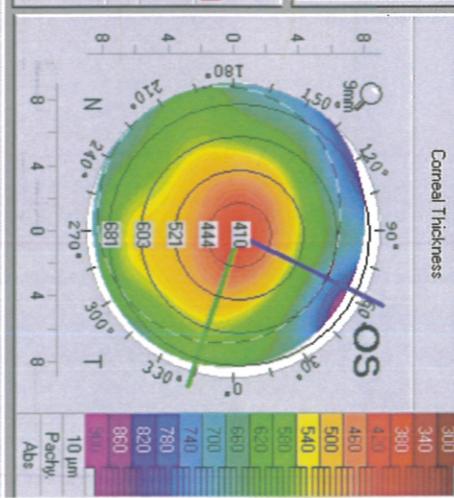
Elevation [Front]

Elevation [Back]

A graphic element consisting of three thick, blue, wavy horizontal lines arranged vertically. The lines are slightly curved and have a soft, organic feel.

WAVELIGHT - ALLEGRO OCULYZER

Belin / Ambrósio Enhanced Ectasia





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

DATE OF TEST <i>6-10-16</i>	P.D.	PRESCRIPTION GIVEN							
		Dist	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis
	Inter								
	Read								

HEIGHTS	MONO		BLANK			TECH SIG. CHECKED		
R	L	R	L					

DISPENSING NOTES	DESCRIPTION		GH¢	P
	FRAME			
	LENSES			
	COATING			
	SUNDRIES			

PLEASE TICK	TOTAL	
	VOUCHER	
	BALANCE	
	DEPOSIT	
	BALANCE	
CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>
DISPENSED BY	CHECKED BY	RECEIVED BY
		DATE

28-11-16
Auto
R Error

L Error		
SYMPTOMS & HISTORY		OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY <i>6/24 gl</i>	SUBJECTIVE 6/R $-2.75/-3.00 \times 80$ = 6/24 <i>6/60 gl</i> 6/L $-1.00/-2.50 \times 70$ = 6/60 Binoc ADD	ACCOMMODATION R L Rdg ADD <i>7624</i> = N
MUSCLE BALANCE <i>Auto</i> <i>R: Error</i>		RETEST DATE

L : Error.



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NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ **DATE OF BIRTH** _____

DATE OF TEST <i>17-2-17</i>	R PRESCRIPTION GIVEN							
	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
Dist								
P.D.	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			

17/02/11

R: -1.00 (-1.75 x 90) / 8.50

L: -2.00 (-1.75 x 80) / 8.50

SYMPTOMS & HISTORY

with C/S VR 6/60

OCCUPATION
Hobbies

VR cf@4m

EXTERNAL EXAMINATION OPHTHALMOSCOPY

VR 6/18 ph. UL 6/18 ph.

FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY
VR 6/60 C
VR cf@3.5m up

SUBJECTIVE

6/R -1.00 (-3.50 x 90) 6/18
= 6/6/L -2.00 (-3.00 x 115) 6/18
= 6/
Binoc ADD

ACCOMMODATION

Rdg ADD

L 6/18
= N

MUSCLE BALANCE

Auto

E Error

L -16.75 (-6.00 x 116)

RETEST DATE

13703



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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
21-4-17	Dist -3.50	-3.00	120		-6.00	-4.00	120	
P.D.	Inter							
68mm	Read							

HEIGHTS R L	MONO		BLANK		TECH SIG. CHECKED
	R	L			

DISPENSING NOTES	full rim	black & white	DESCRIPTION	GH¢	P
				Gnd 650.00	Gnd 850.00
	LENSES	plano	slv	Gnd 100.00	
	COATING	discount		Gnd 1400.00	
	SUNDRIES			Gnd 0.00	

	TOTAL	
	VOUCHER	
	BALANCE	

PLEASE TICK				DEPOSIT	
CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>		BALANCE	
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE		

SYMPTOMS & HISTORY	OCCUPATION Hobbies	
EXTERNAL EXAMINATION OPHTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
6/60 ⁻² if 0.3.5m	6/R -8.50/-3.00x120 6/L -8.00/-4.00x120 Binoc ADD	R = 6/ L = 6/ Rdg ADD = N
muscle balance	RETEST DATE	
<u>Auto (21-4-17)</u>		
R -7.50/-8.50 x107 L -1.6 -10/-6.50x121		