

RNAMES (Block Letters)

DANKYI

FIRST NAMES

BOATENG

Sex

Male

PHONE NUMBER

050 6475039

ADDRESS OR RESIDENTIAL

ODUMAN

OCCUPATION

✓

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

TE OF BIRTH

-09-1955

AGE

61 yrs

PLACE OF BIRTH

ACCRA

ANY ALLEGIC REACTION  
TO MEDICINE

—

NATIONALITY

Ghanaian

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

11-11-16

NEXT OF KIN

AW FOSU

ADDRESS OR PHONE No. OF NEXT OF KIN

0242 385638

b: 7000 /2  
paid 17/12/16



## INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Mr. Boateng Dankyi  
DATE: 11/11/2016

CARD NUMBER: 14156

% Sudden loss of vision in RE 5/12 ago.  
on - Botoptic and visionace for 2 yrs.

Dm<sup>+</sup>, HPT<sup>+</sup>, sed<sup>+</sup>, Asthma<sup>+</sup>. floaters  
occasional pain in RE.

VR c@ 3.5m ns  
6/36<sup>2</sup> ph

VR c@ 4m ns.  
6/12 ph.

DL

- lens number cefrad

IB 22

- yrs 65 fatus - 4d 07
- macular flat
- Vit hiray
- 360° mid-PPV phsy +  
PRMRC degeneration
- Sup RD

- Plan
- ① Xalecom  
w/ 80
  - ② P/S PPV

(P) PSC + YH

+18-05-152

Plan: (D) SLC + PPT + free sera

Polymer:

Tal. plwol  $\frac{oo}{II}$  TD<sup>ES</sup>

Tal. Hypnoten 400mg TD<sup>ES</sup>

See tomorrow at 4pm

Dr. Brauer

22-12-16

Qc :- Review

V<sub>2</sub> 6%  
60gl, CF@4muc

A

08

ISL-napkin in SEC  
nehmen attallus fmiti  
CNA

V<sub>2</sub> 6%  
12gl, CF@4muc

Plan: H. To grade 3 shun re  
CIA cyclosporin re BD  
see 1/52 needs O102 reposition  
Dr. Brauer



## INTER-STAR EYE CLINIC & LASER CENTRE

NAME: .....

CARD NUMBER: .....

DATE: .....

9c Review.

VR 6/60<sup>-2</sup> L/R, 6/60 PHT

A  
B

CMA  
~~not~~ attached PHT

plan: ① IOL repositioning

✓ Done IITR Mr. Braund

Mr. Tobrajap 3WLY R6  
PMS OFF at 7pm  
See on Thursday

Dr. Rosimah

2/11/17 Mn - 6/60

PC102  
maneuver on 102  
✓ CNA - FWD  
Plan: Mt. Tobradex 4/11/17 ne

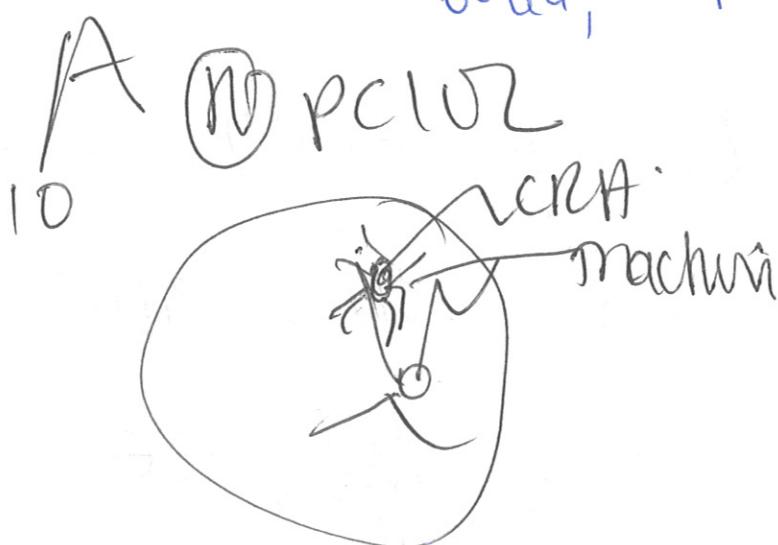
See 4/52

Dr. Brannas

2/21/17

c/c: Review.

V<sub>R</sub> 6/60<sub>ua</sub>, N-I<sub>pH</sub>



Plan: Mt. Tobradex ne QID X 2/52

TID X 2/52

RDX 2/52

DR Brannas

See 4/52



## INTERSTAR EYE CLINIC & LASER CENTRE

NAME: .....

CARD NUMBER: .....

DATE: .....

30-3-17

of Review, Blurred Vision in RE for  $>\frac{1}{2}$

VR Plus

in CF04M wa, Bl 125PA  
6/29A

But good

clear poster - lens - under contact

IM  
L  
12/14



Bottoms ND

- o prognosis explained
- o better left alone

plan: At - Please right eye RD  $\frac{1}{2}$

see  $\frac{3}{2}$  At - Xalacorn BE NOCTE

Dr. Braimah

22/06/17 Vn-thy

W grip<sup>+2</sup>

pan O eye

✓ lid ✓

injected conjunctiva ✓

✓ cornea ✓

flonett HCO ✓

parax 60% nos 2 cc ✓

10 A<sub>14</sub>

MD

Plan: At. Prespotte no QID ✓  
~~At. cycloplegic no QID~~  
At. Xalacum L enoche  
Dr. Brumel

see 1/2



## INTERSTAR EYE CLINIC & LASER CENTRE

NAME: .....

CARD NUMBER: .....

DATE: .....  
27-6-17

Cle: For review - no new complaint  
still using drops

VER: Plus  
~~(R)~~ At 8 AM, no jaw claudication or pain  
at 8 PM, no 2-3' pain

(OD) PCL 02

(OS)

VS 624 +2

HR 78

CC

PM MD: A  
14 16

Plan: At. Xalacem Le nocte  
At. Flasep ne QID  
Tab. prednisolone 20mg dx 7 days

See Y2

Mr. Branić

24/08/17 M-PL

Y<sub>L</sub> - 94% CO<sub>2</sub>

A  
11 13

1619

Plan: At. xalatomi Le nocte  
At. florula melt eye T/D  
Tdl. prednisolone wmp dly x 10 days

Dr. Raniwala

04-11-17

VR PL

VL 6112-

A  
10 14

PCR

CRN.



(68) 1081-2

Plan: At. xalatomi Le nocte  
At. florula once dly NCE

See 3/12  
Dr. Raniwala



## INTER-STAR EYE CLINIC & LASER CENTRE

NAME: BANKYI BOAPENG

CARD NUMBER: 1A156

DATE: 27-01-18

Qo: For review. Last BP: 135/104.

Vp: PL.

VL: 6/18 gr

Sesn:

SL complain

Paroxysmal, medium, dim w<sup>o</sup>

Eye

Anterior

clear cornea

deep AC

mid-dilated pupil np

synch

Pupil

A  
10  
12

dilate m!

SL rebirth fwt about 0.7  
NEMO fwt

Men: At - valation to noble  
At - flower no BY

See 4/2 Mr. Branches

12-4-78 S: For review - still on drops

VR: PL

VL: 6/18 gr

A  
08 14

Plan: CT

See 6/12

Mr. Brumley

9-8-78

S: For review. Small improvement  
still on drops

VR

VL

PL

6/18 gr

PCOS A  
18 14

Red nose/pussy fundi  $M=0.7$

Plan: *U. xalacoma nocte L.*

See 6/12 Mr. Brumell



## INTER-STAR EYE CLINIC & LASER CENTRE

NAME: .....

CARD NUMBER: .....

DATE: .....

31/07/19  
c/ci for Review

Vn: PL<sup>+</sup>

RCT

11 14

DDA

A  
EGL

6/24<sup>th</sup> gl

NB2; cc

1 01/08 JMS - 1509

Plan: At - Xalacum LE nocte  
reptilias PL See 6/2  
Dr. Brumell

04/02/19  
ck: fw Rewed

Vn: PL+

RCT  
12 13

Seem

of Dmst  
pseudophthalmus

Cataract  
N2+

old RD

Ph. + Refrac

Wk

6/24/19

2. grtt xalacan mto - LE

3. See Dr Brimell on Thursday

⇒ dilate & after VA  
stop.

14/02/19

ck: To see Dr Brimell

Vn: PL+

RCT

12 13

Plan: ph. needs (L) c/s MR  
(sics MS),  
Dr. Brimell

6/24/19



# 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	Dist	R			PRESCRIPTION GIVEN				
		Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
11-11-16	Dist	-4.00				-4.90	-0.75	90	
P.D.	Inter		(30-3-17)						
	Read	+2.75				+2.75			

HEIGHTS	MONO		BLANK		TECH SIG. CHECKED		
R	L	R	L				

DISPENSING NOTES	DESCRIPTION			GH¢ P	
	FRAME				
	LENSES				
	COATING				
	SUNDRIES				

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

SYMPTOMS & HISTORY		OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY <del>6/35m w/s</del> <del>6/4m w/s</del>	SUBJECTIVE 6/R -2.50 DS 6/L -4.50/-0.75 +80 Binoc ADD	ACCOMMODATION = 6/12 R L Rdg ADD 76/12 = N
MUSCLE BALANCE <del>pto</del> R L error L -4.50/-0.50 +87	Add + 2.75 DS	RETEST DATE 17/11/11



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14156

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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
9 - 2 - 19	—				-6.00	-0.50	70	
P.D.								
32mm(L.E)					+3.25			
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	
DISPENSED BY	CHECKED BY
RECEIVED BY	DATE

PLEASE TICK

CASH

CHEQUE

CREDIT CARD

## SYMPTOMS &amp; HISTORY

OCCUPATION  
Hobbies

## EXTERNAL EXAMINATION OPHTHALMOSCOPY

## FIELD TONOMETRY COLOUR ETC.

## OPHTHALMOSCOPY

## SUBJECTIVE

PLT

6/R

Phaco

= 6/~~R~~ R

6/2y6L

6/L

-6.00/-0.75X70

= 6/~~18~~ +2

Binoc ADD

## ACCOMMODATION

76<sup>L</sup>/<sub>18</sub> +

Rdg ADD

= N

## MUSCLE BALANCE

R: Esotropia

Auto

L: -5.50/-0.75X72

## RETEST DATE

ASD +, J-250 -J8