

URNAMES (Block Letters)

ABROKINA

FIRST NAMES

THEORET

Sex

M

PHONE NUMBER..... 05 48479437

ADDRESS OR RESIDENTIAL..... AWOSHIE / ANMAA

AN 015/1E

OCCUPATION

STUDENT

MARITAL STATUS

MARRIED	DIVORCED	SINGLE	OTHER
		✓	

DATE OF BIRTH

04/08/97

AGE

20

PLACE OF BIRTH

AGONA NSABA

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY

HANAIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

05/10/2017

NEXT OF KIN

ABROKINA SAMPSON

ADDRESS OR PHONE No. OF NEXT OF KIN

0249464901

ABROKINA SAMPSON
WATER STATION



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Theerat Abrolkawa

CARD NUMBER: 18336

DATE: 5-10-17

% sudden loss of vision in L.E 1/52 ago. on
OC Acyclovir, Cusimol, mastisol drops.

Diagnosed of COAG in 2015.

VR elbow, 6/5pt

in 6/2nd 6/2nd
elbow

A
16 16

R - lid - ○
- conj - -
Aer - Cornea = 11/11/14 stare
7 sec

me Ak - No
Rt+ - pupil - RT+
Ld 0.6 - fundus Ch 0.6

VFR

VFR
OU (RMF2) -1.09dB
2.03dB

- mn - -1.9dB
- Psn - 2.32dB

our

115.50⁰⁰ by RNF - 113.50

~~E787 N75~~

~~E787 N75~~

0.50 - VGR 0.57

Mr

- Catt Animal Prod
- See γ_{12}
- 2 Prentiss Glance

Mr

13-11-17 of Review. Still no drops

up today

vz 6/18g/l

seen

nil angle

par^o, dim inc

of E

Quiet

of u pupil



plus 1. CT

2. See γ_{12}

WT



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE:.....
09-05-18

E: For review. No complaint on Cusimolol

V_R: 6/5 gr

V_L: 6/5 gr

Sem
—

of E

Quiet

clear cornea

deep AC

mu pupil

clear lens

A
12 14

0.6 0.6 0.7

Small r. Cusimolol 0.5% very well

2. See 3/12

INTER STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 233277755354

RNFL Glaucoma Report

OD/OS

Patient: ABROKWA, THEORET
 Physician:
 Operator: E., LOVERENCE
 Disease:

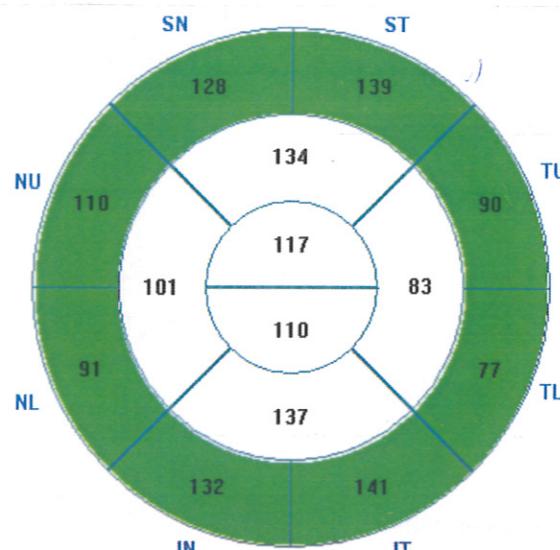
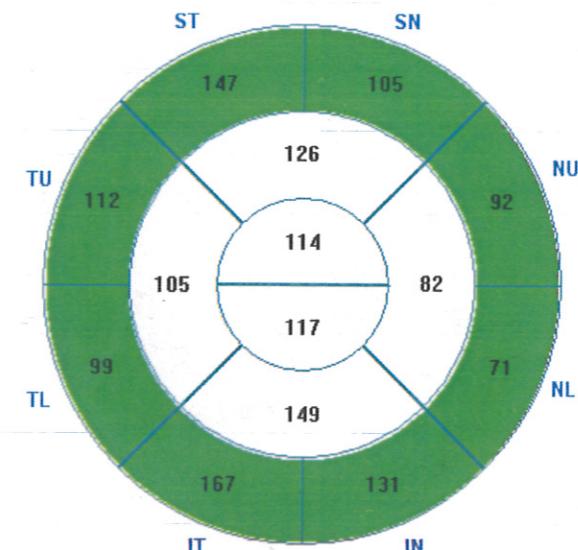
Gender: M
 ID: 18336

Exam Date: 05/10/2017
 DOB(age): 04/08/1997 (20)
 Ethnicity: African Descendant
 Algorithm Version: A6, 8, 0, 27

OD

RNFL Analysis

OS

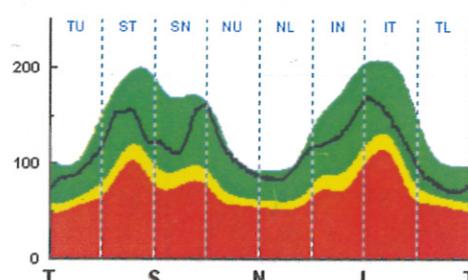
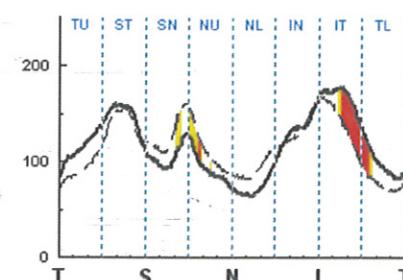
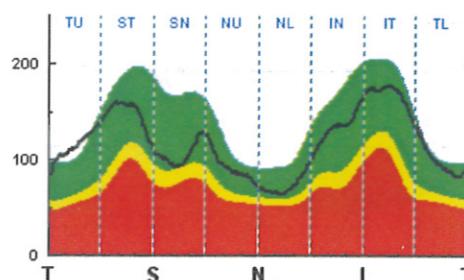


Exam Date: 05/10/2017, SSI= 70.1

Exam Date: 05/10/2017, SSI= 74.2

RNFL Parameters	OD	OS
Avg. RNFL	115.50	113.59
Sup. Avg	113.91	116.90
Inf. Avg	117.08	110.30

TSNIT Analysis



Symmetry Analysis

Solid line - OD
 Dash line - OS

p>5% Within Normal
 p<5% Borderline
 p<1% Outside Normal

Report Date: Thursday October 05 13:28:57 2017

Software Version #6, 8, 0, 27

Comments:

Signature:

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INTER STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 233277755354

ONH/GCC Symmetry Analysis Report

OD/OS

Patient: ABROKWA, THEORET
 Physician:
 Operator: E., LOVERENCE
 Disease:

Gender: M
 ID: 18336

Exam Date: 05/10/2017
 DOB(age): 04/08/1997 (20)
 Ethnicity: African Descendant
 Algorithm Version: A6, 8, 0, 27

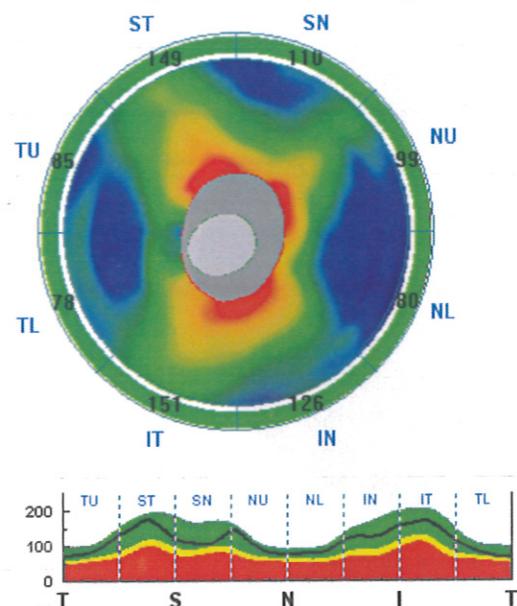
OD

GCC Significance



Exam Date: 05/10/2017, SSI= 77.7

Optic Nerve Head Map



RNFL Parameters	OD	OS
Avg. RNFL	109.68	106.24
Sup. Avg	110.66	109.57
Inf. Avg	108.70	102.91

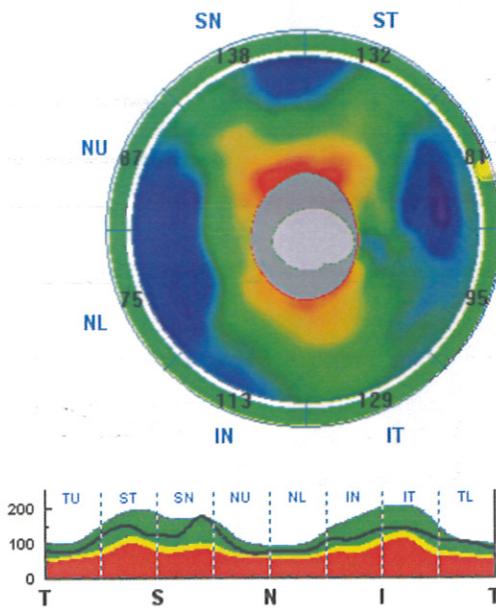
Nerve Head Parameters	OD	OS
Rim Volume (mm³)	0.211	0.161
Nerve Head Vlm (mm³)	0.344	0.276
Cup Volume (mm³)	0.239	0.338

Nerve Head Parameters	OD	OS
Optic Disk Area (mm²)	2.09	2.09
Cup/Disk Area Ratio	0.32	0.38
Horizontal C/D Ratio	0.70	0.79
Vertical C/D Ratio	0.50	0.51
Rim Area (mm²)	1.42	1.31
Cup Area (mm²)	0.67	0.79

p>5% Within Normal
 p<5% Borderline
 p<1% Outside Normal

OS

Optic Nerve Head Map



Exam Date: 05/10/2017, SSI= 62.1

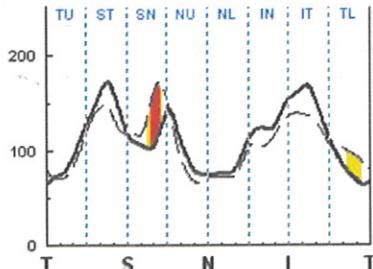
GCC Significance



Exam Date: 05/10/2017, SSI= 69.7

GCC Parameters	OD	OS
Avg. GCC(μm)	100.91	97.98
Sup. GCC(μm)	100.43	99.71
Inf. GCC(μm)	101.41	96.26
FLV (%)	0.694	0.879
GLV (%)	2.466	3.519

Solid line - OD
 Dash line - OS



Report Date: Thursday October 05 13:29:24 2017

Software Version #6, 8, 0, 27

Comments:

Signature:

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INTER STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 233277755354

Patient: ABROKWA, THEORET
 Physician:
 Operator: E., LOVERENCE
 Disease:

Gender: M
 ID: 18336

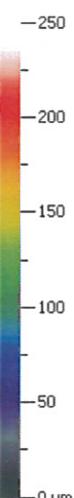
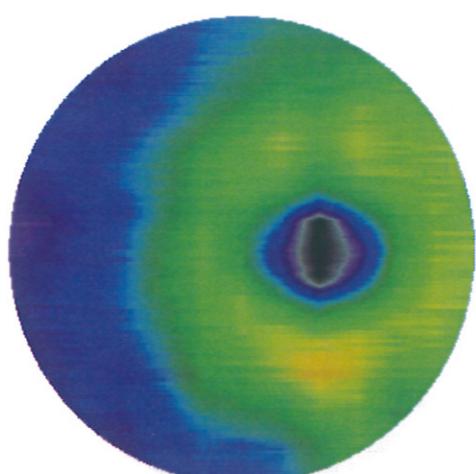
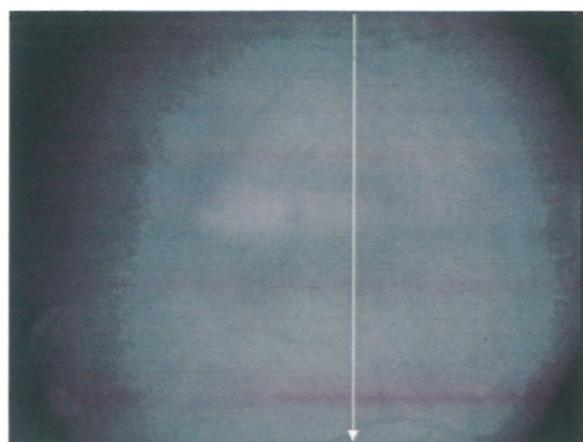
Exam Date: 05/10/2017
 DOB (age): 04/08/1997 (20)
 Ethnicity: African Descendant
 Algorithm Version: A6, 8, 0, 27

OD

GCC

SSI = 77.7

Thickness Map

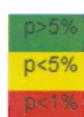
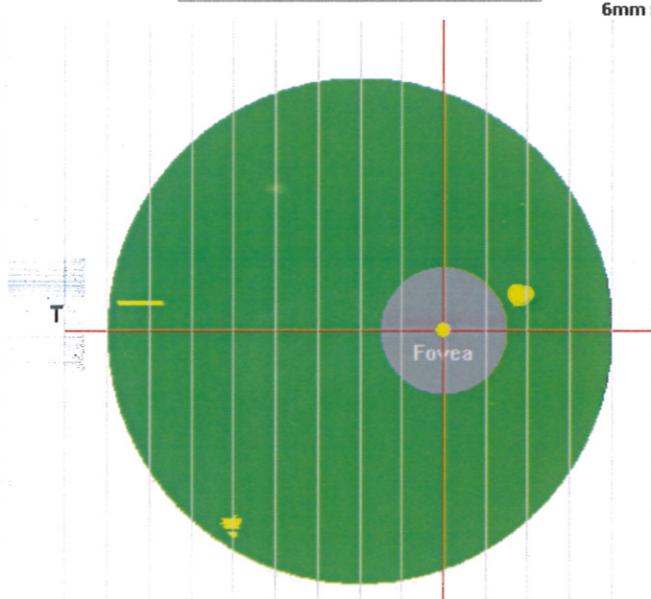
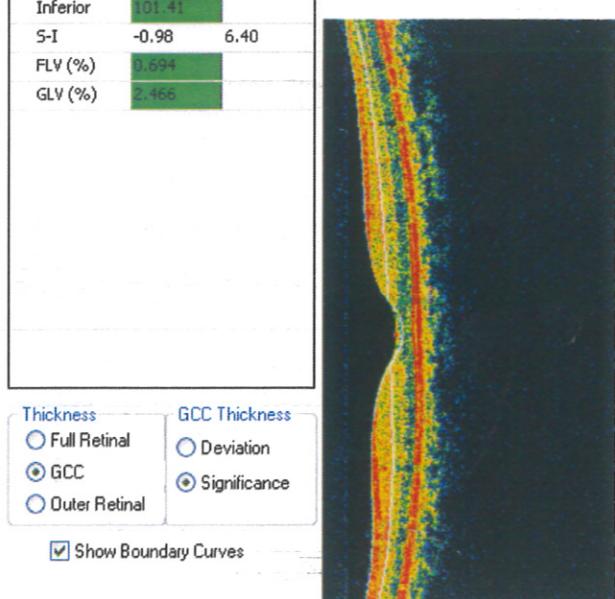


Section	Thickness	Std Dev
Average	100.91	
Superior	100.43	
Inferior	101.41	
S-I	-0.98	6.40
FLV (%)	0.694	
GLV (%)	2.466	

Show Lines

Range: N/A

Significance Map



Diagnosis:

Report Date: Thursday October 05 13:28:22 2017

Report Date: Thursday October 05 13:28:30 2017

Software Version #6, 8, 0, 27

Comments:

Signature:

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INTER STAR EYE CLINIC AND LASER CENTRE

OSU ACCRA . 233277755354

OS

Patient: ABROKWA, THEORET
 Physician:
 Operator: E., LOVERENCE
 Disease:

Gender: M
 ID: 18336

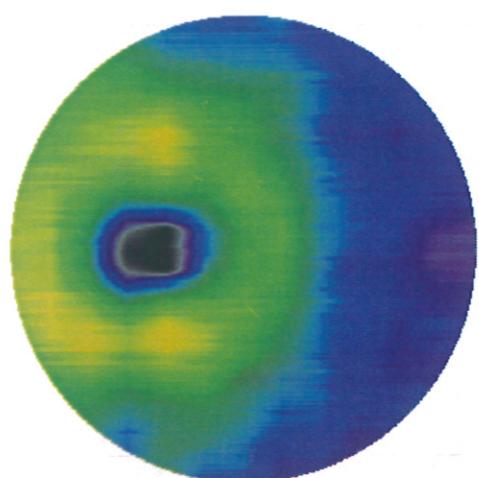
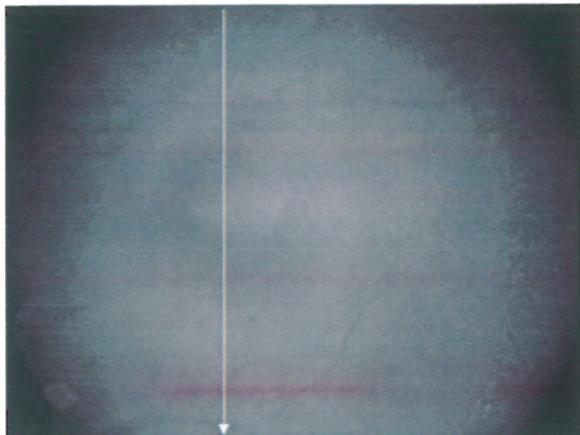
Exam Date: 05/10/2017
 DOB (age): 04/08/1997 (20)
 Ethnicity: African Descendant
 Algorithm Version: A6, 8, 0, 27

OS

GCC

SSI = 69.7

Thickness Map



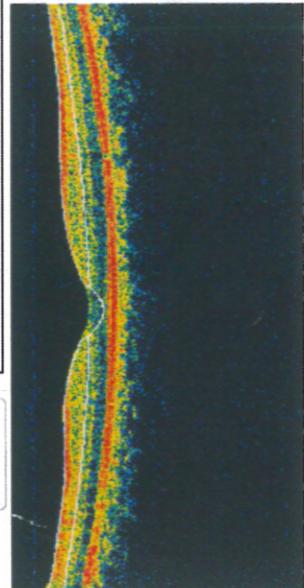
Section	Thickness	Std Dev
Average	97.98	
Superior	99.71	
Inferior	96.26	
S-I	3.45	8.13
FLV (%)	0.879	
GLV (%)	3.619	

Show Lines

Range: N/A

Thickness	GCC Thickness
<input type="radio"/> Full Retinal	<input type="radio"/> GCC
<input checked="" type="radio"/> GCC	<input type="radio"/> Deviation
<input type="radio"/> Outer Retinal	<input type="radio"/> Significance

Show Boundary Curves



Significance Map



Diagnosis:

Report Date: Thursday October 05 13:28:31 2017

Report Date: Thursday October 05 13:28:42 2017

Software Version #6, 8, 0, 27

Comments:

Signature:

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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 <i>(14/11/19)</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	FELLINI ~ <i>10/11/19</i>	DESCRIPTION	GH¢	P
	FRAME	<i>Specsavers</i>	400.~	
	LENSES	←	—	
	COATING			
	SUNDRIES			

PLEASE TICK	CASH <input type="checkbox"/>	CHEQUE <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>	TOTAL	<i>GH¢ 400.~</i>
				VOUCHER	<i>paid 14/11/19</i>
				BALANCE	
				DEPOSIT	
				BALANCE	
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE		<i>14/11/19</i>



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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	
05-10-17	-1.50					Plano			
P.D.									
61mm									

HEIGHTS	MONO		BLANK		TECH SIG. CHECKED		
R	L	R	L				

DISPENSING NOTES	DESCRIPTION		GH¢ P
	FRAME	Specgavers	
	LENSES photo A/c Sh		160-
	COATING		
	SUNDRIES		

	TOTAL	444.560-
	VOUCHER	paid 11/10/17
	BALANCE	160.-
	DEPOSIT	400.- as paid
	BALANCE	5/10/17
DISPENSED BY	CHEQUE	RECEIVED BY
		DATE
		11/10/17

SYMPTOMS & HISTORY		OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
6/60ue 6/9ue	6/R -1.50 05 6/L Plano (NI) Binoc ADD	R L Rdg ADD = N
MUSCLE BALANCE		RETEST DATE
R -1.25 / -0.50 X 3 L -0.25 / -0.25 X 117		



INTER-STAR EYE CLINIC & LASER CENTER

18336.

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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 <i>5-10-17</i>	R PRESCRIPTION GIVEN							
	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
Dist	<i>-2.50</i>					<i>Rams</i>		
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			
DISPENSED BY	CHECKED BY	RECEIVED BY	DATE	

PLEASE TICK

CASH

CHEQUE

CREDIT CARD

BALANCE

12-10-72

Subjective

6/24 D -1.50 or 6/5

6/24 L -1.50 or 6/5

SYMPTOMS & HISTORY

OCCUPATION
Hobbies

EXTERNAL EXAMINATION OPHTHALMOSCOPY

FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY

SUBJECTIVE

6/18 D

6/R

-2.00 DS

6/12 D

6/L

NI

Binoc ADD

ACCOMMODATION

= 6/5

R

76/5

Rdg ADD

= 6/12

= N

MUSCLE BALANCE

RETEST DATE

Auto

R -1.25/-0.50 X 3

L -0.25/-0.25 X 17



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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
13-11-17		-1.50				-1.50			
P.D.									
<i>44mm</i>									
HEIGHTS		MONO		BLANK				TECH SIG. CHECKED	
R	L	R	L						
DISPENSING NOTES <i>Another Order 20/7/18</i>		<i>Reordered</i>				DESCRIPTION		GH¢	P
		<i>FRAME own</i>						-	
		<i>LENSES photo th sw</i>						80.-	
		<i>COATING L.E. only</i>							
		<i>SUNDRIES</i>							
						TOTAL		80.-	
						VOUCHER		<i>Re-ordered</i>	
						BALANCE		<i>13/11/17</i>	
						DEPOSIT			
						BALANCE			
DISPENSED BY		CHECKED BY		RECEIVED BY				DATE	
								<i>17/11/17</i>	

SYMPTOMS & HISTORY		OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY <i>6/24Ls</i>	SUBJECTIVE 6/R -1.50 DS 6/L -1.50 DS Binoc ADD	ACCOMMODATION = 6/5 R Rdg ADD = 6/5 = N
MUSCLE BALANCE <i>Auto</i> R -1.50 / -0.50 X 3 L -1.25 / -0.50 X 178		RETEST DATE