

RNAMES (Block Letters)

OHENEWIAA

FIRST NAMES

FELICIA

Sex

FEMALE

HONE NUMBER.....020-609.....020 - 6069169 / 0544 623285

ADDRESS OR RESIDENTIAL.....NE 667, NKAWKAW-WHITE HOUSE

CUPICATION

TRADE

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
<input checked="" type="checkbox"/>			

TE OF BIRTH

21/4/1952

AGE

64

PLACE OF BIRTH

DONKOK KROM

ANY ALLEGIC REACTION
TO MEDICINE

ATIONALITY

HANAIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

22/09/2016

NEXT OF KIN

FELICIA AJIYOR

ADDRESS OR PHONE No. OF NEXT OF KIN

0544 623285

(P) - 22/9/16.

Inject - (P) - 22/9/16.
24/09/16



INTER-STARE EYE CLINIC & LASER CENTRE

NAME: Md. Felicia Chenswag
DATE: 22/09/2016

CARD NUMBER: 13483

1/2 Blurred distance vision in BE for 2 yrs.
Severe Itching in LE and tearing in BE.
Flashes in BE LDR for 2/12.

Dm⁺(30 yrs, on tabs) HPT⁺(2 yrs, on tabs).

Last fbs. 9.2

VR 6/10ms, 6/18 ph

V1 Cf@2m w.

Blepharitis OU

A
b/b

Gunner NPM,
CSME

Fundi: Severe NPM
CSME

BBE

Plan: ① OCT - macular

② = CME

③ → send of. M. Braille

Plan: ⑩ Eye disease yeikin

⑪ Eye → infection → poor visual
potential due to some cause
of → consider eye infection

⑫ Eye disease from 0.08m $\frac{1}{A}$
Dr. Brauer
See 4/52

Dr. Brauer

24-10-16 Review

VR 6/36m, 6/18pt

VR 6/36m

Blepharitis - Lid - Blepharitis



. Anet

Als - Anet

Pupil - RLR

14 (3)
2
Wiesen

VR



INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Dheewee feldeis CARD NUMBER: _____

DATE: 29/06/16

Pls
T.O.C.T

NSOP sten - (DGP)

soft hanger fundus - macula scar
other stored soft MFSR
Sweates at Exudates at
meals meals

Pls
T.O.C.T
(macula) vs CME
vs CME

2. Unplanned Breastcare Recommended
- SWS ready now

- to see whether ready
with people teams
see document Shewang

INTER-STAR EYE CLINIC

5th Lane, Hse. No F525/1 Osu . 0302783832

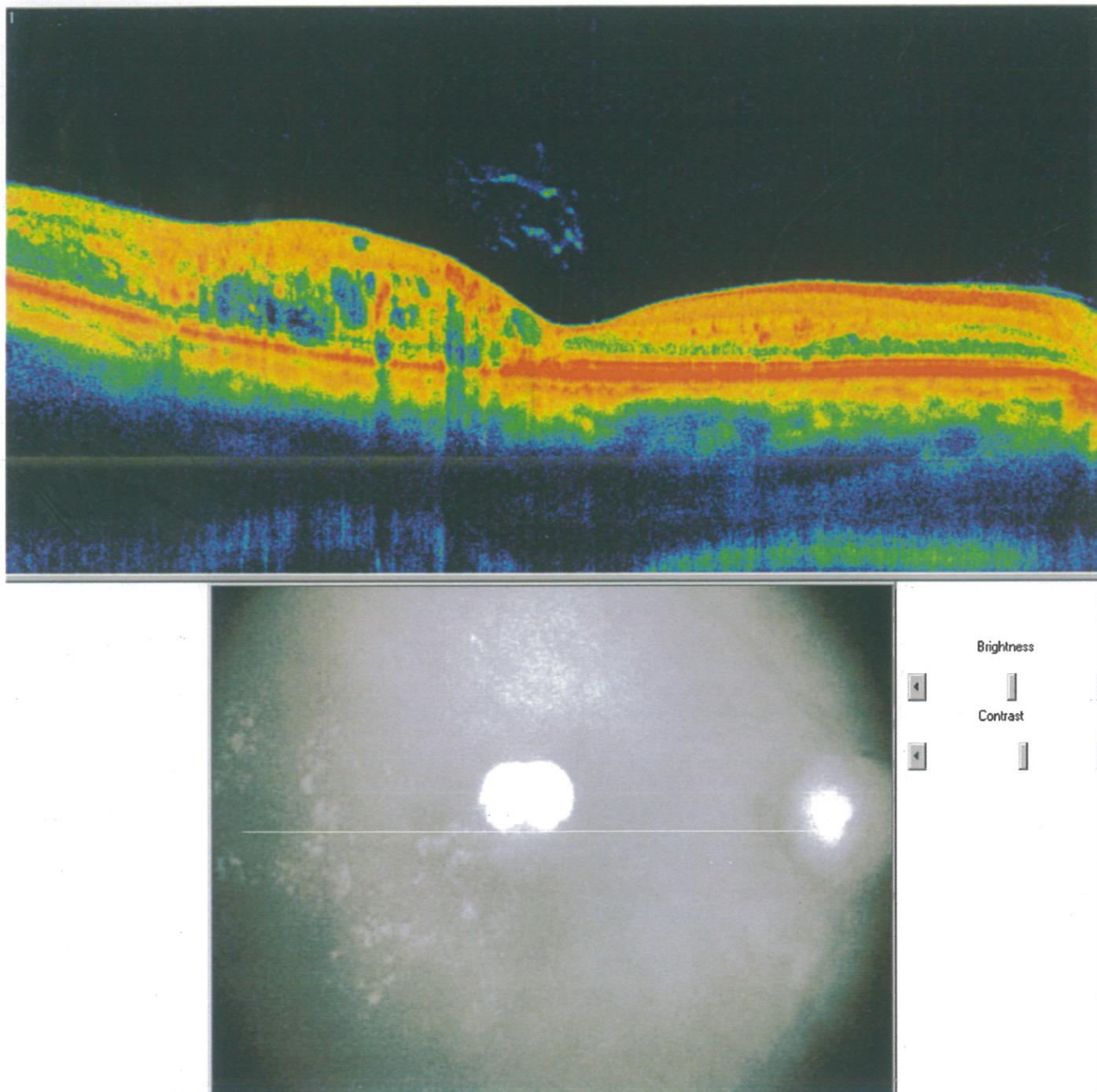
OD

Patient: OHENEWAA, Felicia
Physician: Ohene Dankyi, DR
Operator: Ahiabor, Edem K
Disease:

Gender: F
ID:

Exam Date: 24/10/2016
DOB (age): 02/04/1952 (64)
Ethnicity:
Algorithm Version: A6, 1, 0, 4

OD



Report Date: Monday October 24 11:36:21 2016

Software Version #6, 1, 0, 4

Comments:

Nature:

Defining the OCT Revolution

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INTER-STAR EYE CLINIC

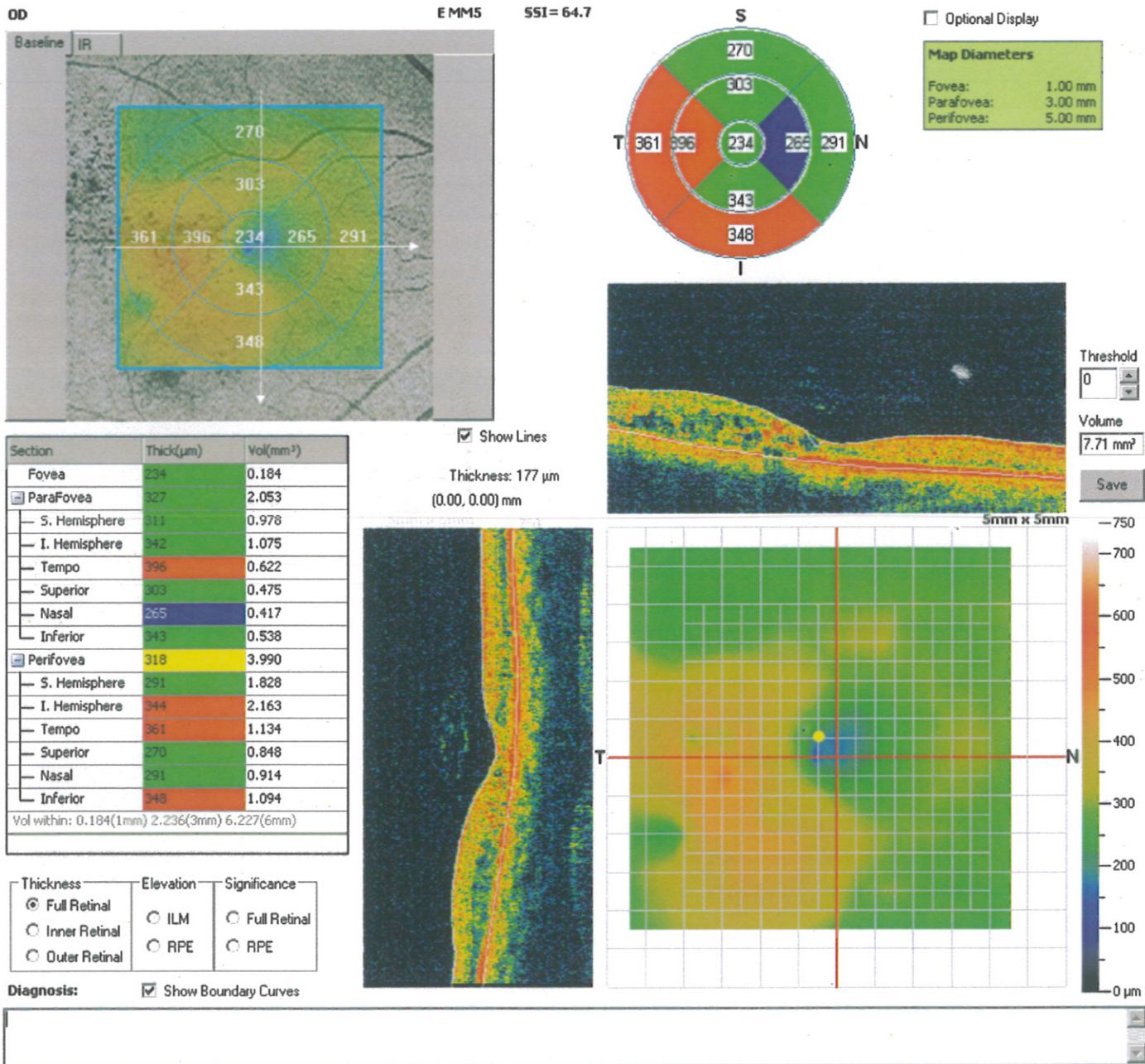
5th Lane, Hse. No F525/1 Osu . 0302783832

OD

Patient: OHENEWAA, Felicia
 Physician: Ohene Dankyi, DR
 Operator: Ahiabor, Edem K
 Disease:

Gender: F
 ID:

Exam Date: 24/10/2016
 DOB (age): 02/04/1952 (64)
 Ethnicity:
 Algorithm Version: A6, 1, 0, 4



Report Date: Monday October 24 11:36:39 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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INTER-STAR EYE CLINIC

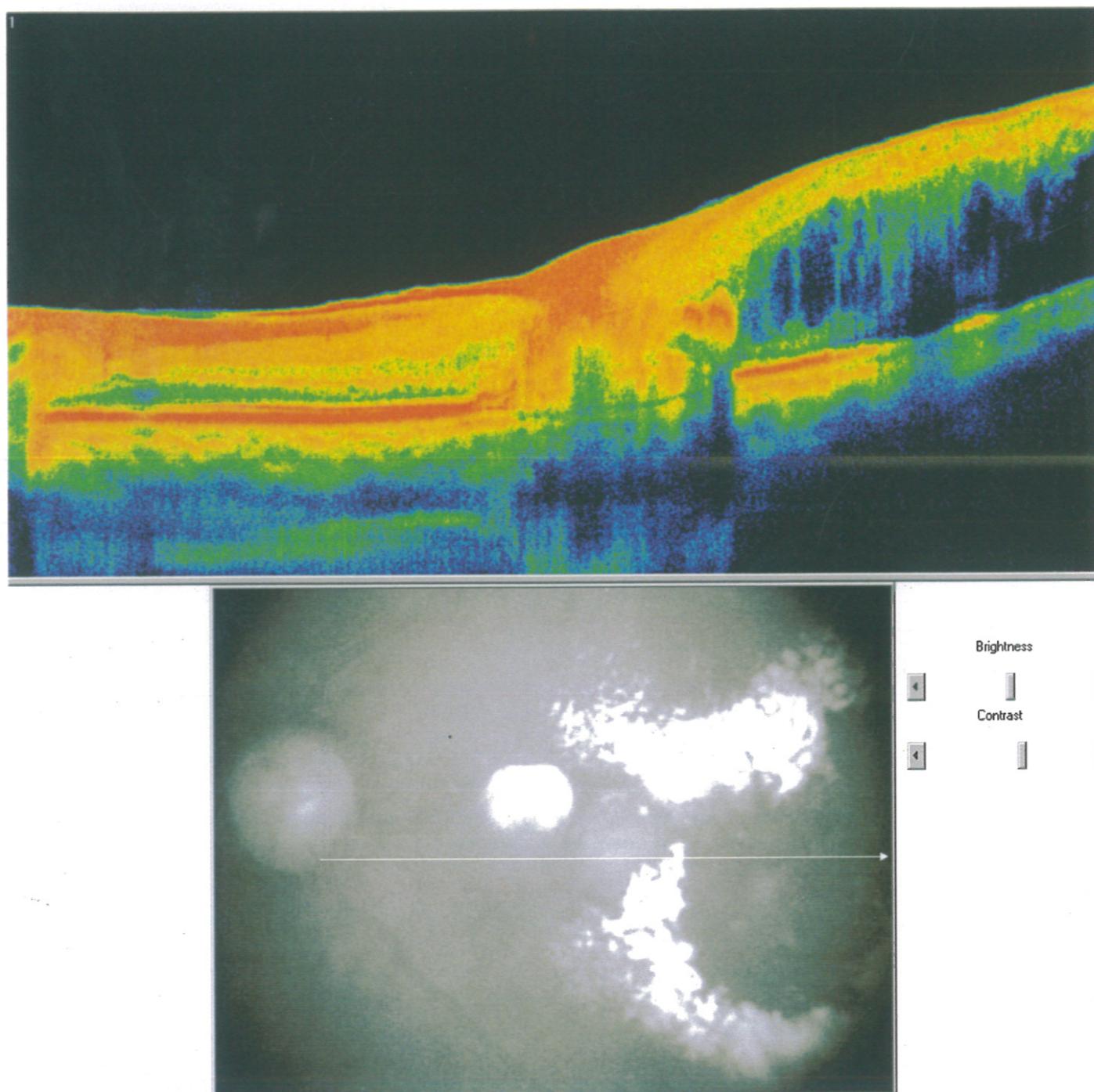
5th Lane, Hse. No F525/1 Osu . 0302783832

Patient: OHENEWAA, Felicia
Physician: Ohene Dankyi, DR
Operator: Ahiabor, Edem K
Disease:

OS

Exam Date: 24/10/2016
DOB (age): 02/04/1952 (64)
Ethnicity:
Algorithm Version: A6, 1, 0, 4

Gender: F
ID:



Report Date: Monday October 24 11:36:46 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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INTER-STAR EYE CLINIC

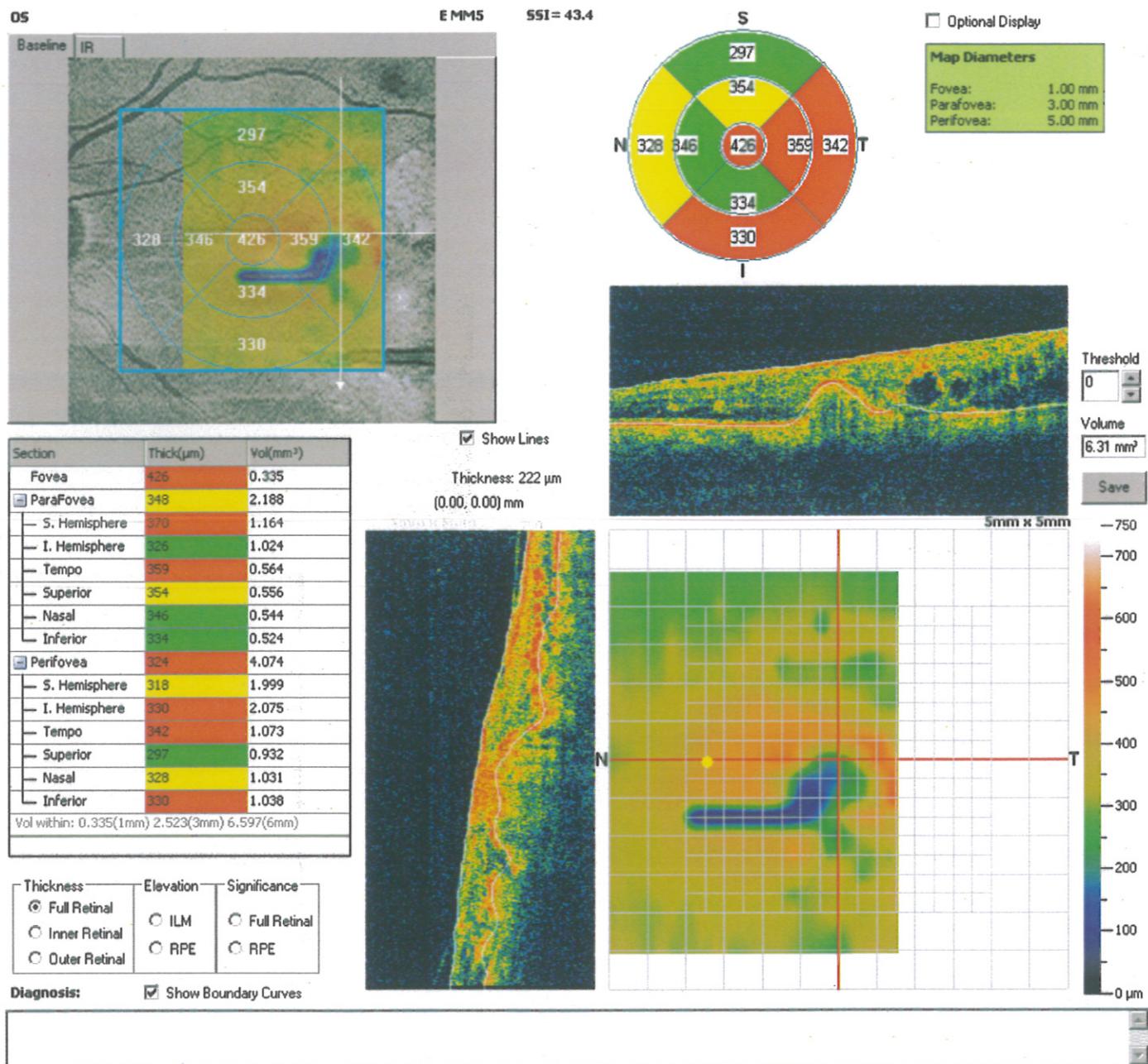
5th Lane, Hse. No F525/1 Osu . 0302783832

OS

Patient: OHENEWAA, Felicia
 Physician: Ohene Dankyi, DR
 Operator: Ahiabor, Edem K
 Disease:

Gender: F
 ID:

Exam Date: 24/10/2016
 DOB (age): 02/04/1952 (64)
 Ethnicity:
 Algorithm Version: A6, 1, 0, 4



Report Date: Monday October 24 11:39:54 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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INTER-STAR EYE CLINIC & LASER CENTRE

CONSENT FORM FOR ADULT/CHILDREN

NAME: FELICIA OTENEWAH

SEX: FEMALE

D. O. B.: 02/4/1952

ID No.: 13483

OPERATION CONSENT BY PATIENT/RELATIVE

I, PATRICIA ATTIVOR

On behalf of FELICIA OTENEWAH

Hereby consent to undergo the operation of AVASTIN INJECTION Right eye

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: Attivor

Date: 22/09/2016

I, Mr. Braimah have seen this consent before surgery and explained the nature of the operation to patient/relative

Signature of Doctor: Wesley

Date: 22/09/2016

INTER-STAR EYE CLINIC

5th Lane, Hse. No F525/1 Osu . 0302783832

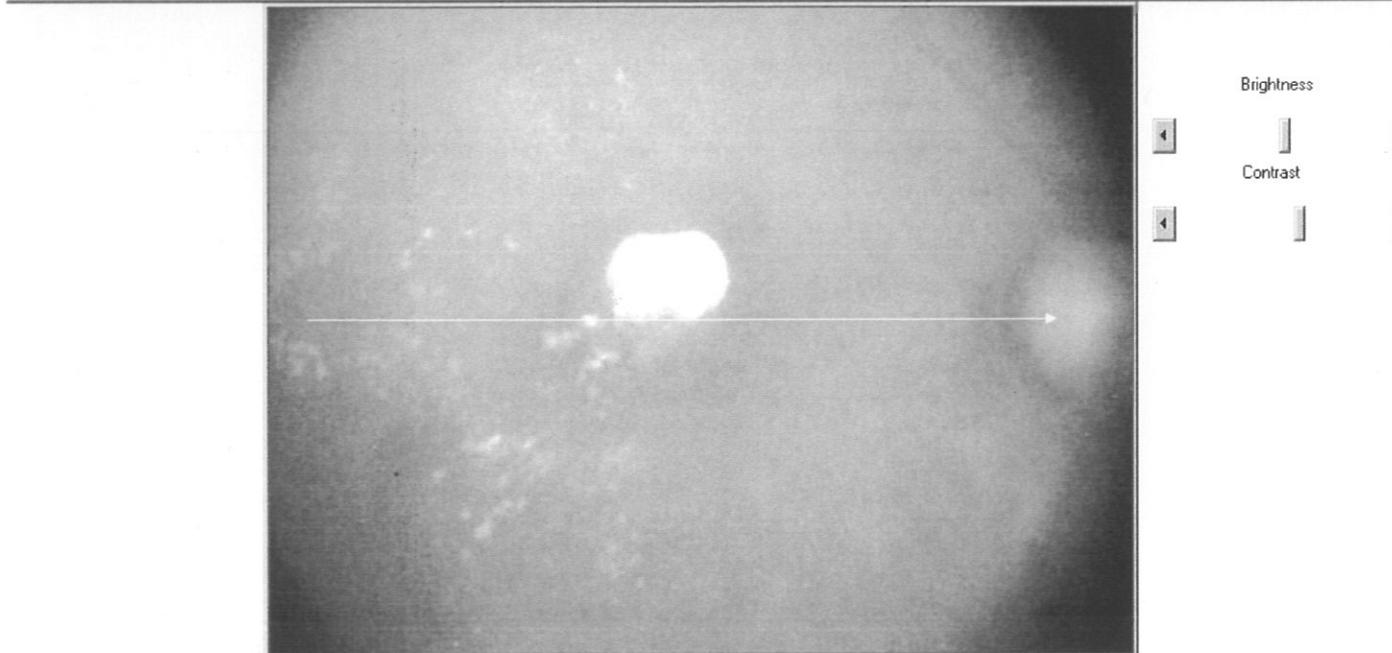
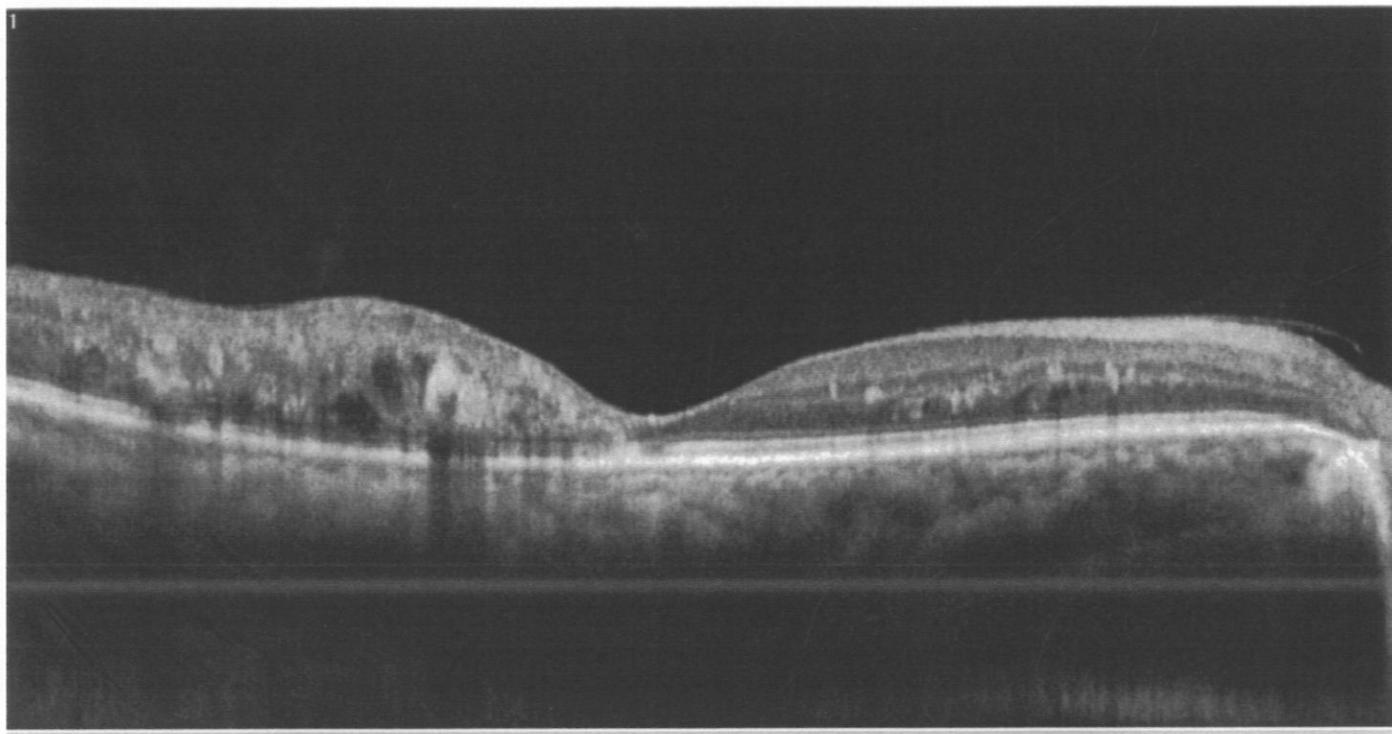
OD

Patient: OHENEWAA, Felicia
Physician: BRAIMAH, ZEBA
Operator: Ahiabor, Edem K
Disease:

Gender: F
ID:

Exam Date: 22/09/2016
DOB (age): 02/04/1952 (64)
Ethnicity:
Algorithm Version: A6, 1, 0, 4

OD



Report Date: Thursday September 22 11:58:26 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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INTER-STAR EYE CLINIC

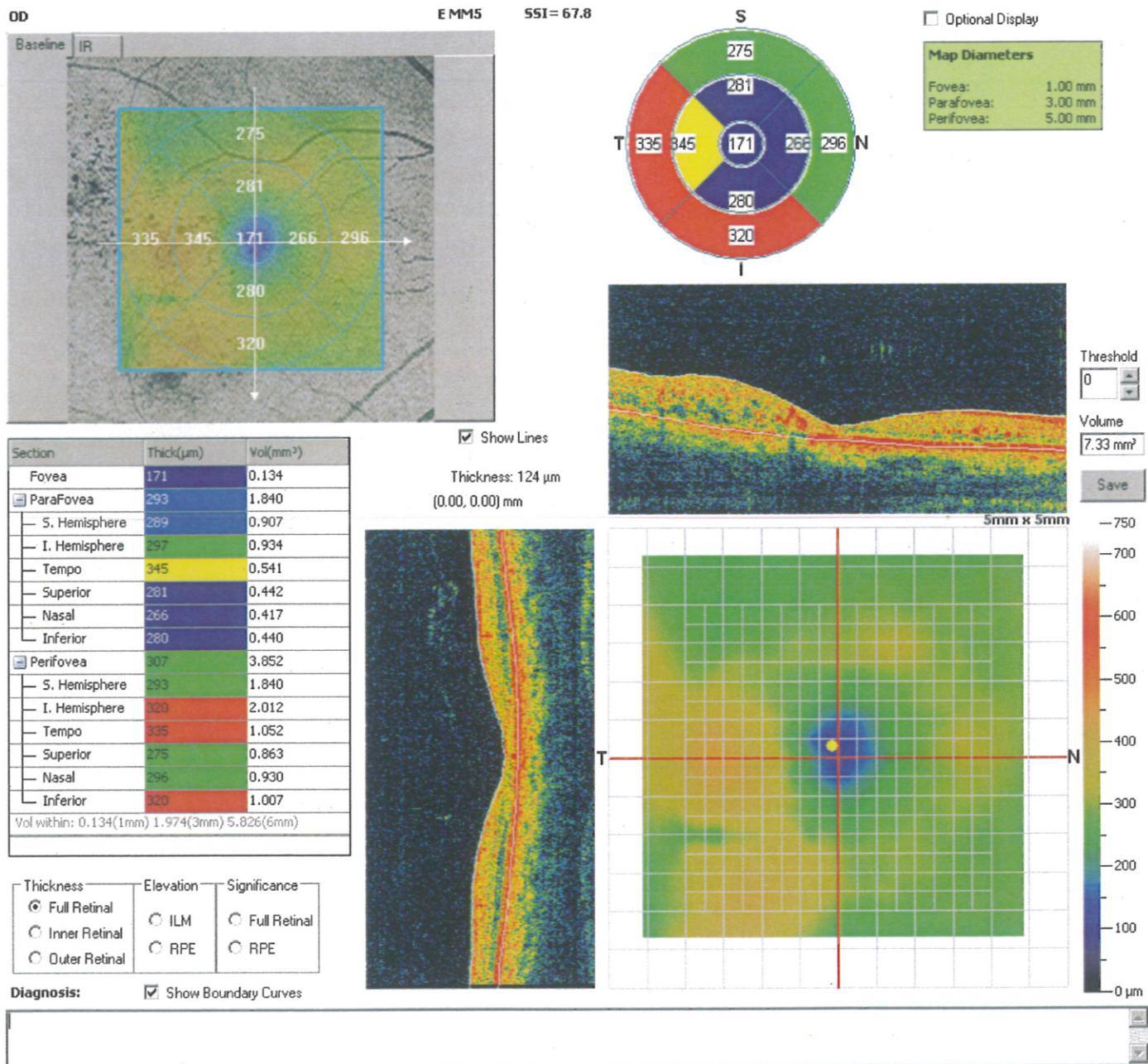
5th Lane, Hse. No F525/1 Osu . 0302783832

OD

Patient: OHENEWAA, Felicia
 Physician: BRAIMAH, ZEBA
 Operator: Ahiabor, Edem K
 Disease:

Gender: F
 ID:

Exam Date: 22/09/2016
 DOB (age): 02/04/1952 (64)
 Ethnicity:
 Algorithm Version: A6, 1, 0, 4



Report Date: Thursday September 22 11:58:40 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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INTER-STAR EYE CLINIC

5th Lane, Hse. No F525/1 Osu . 0302783832

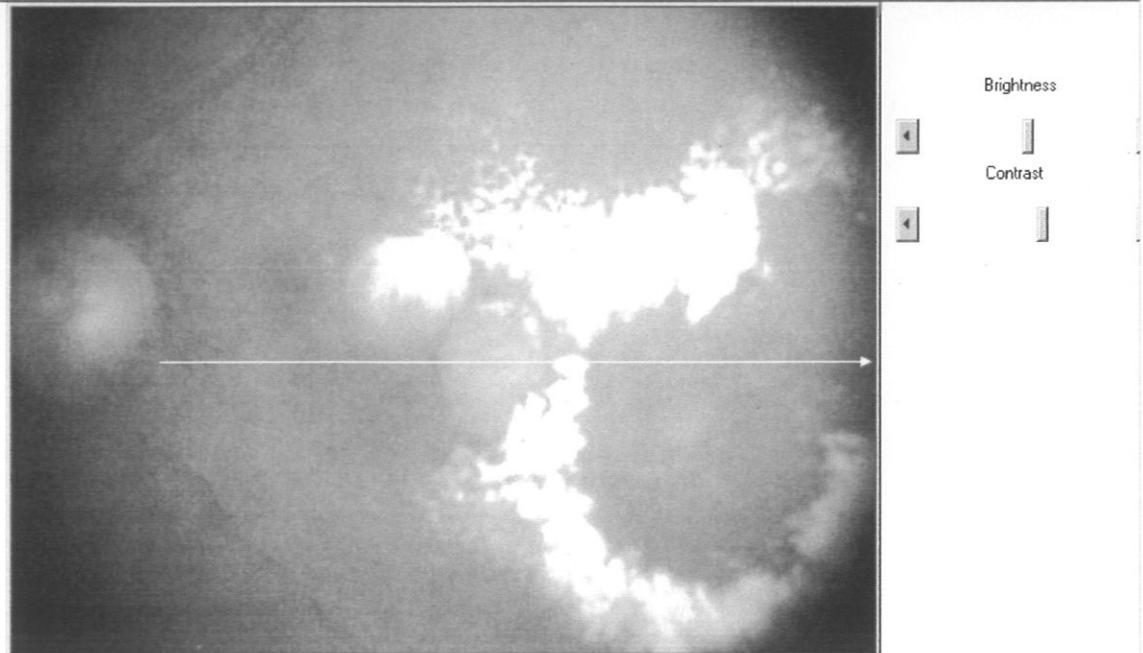
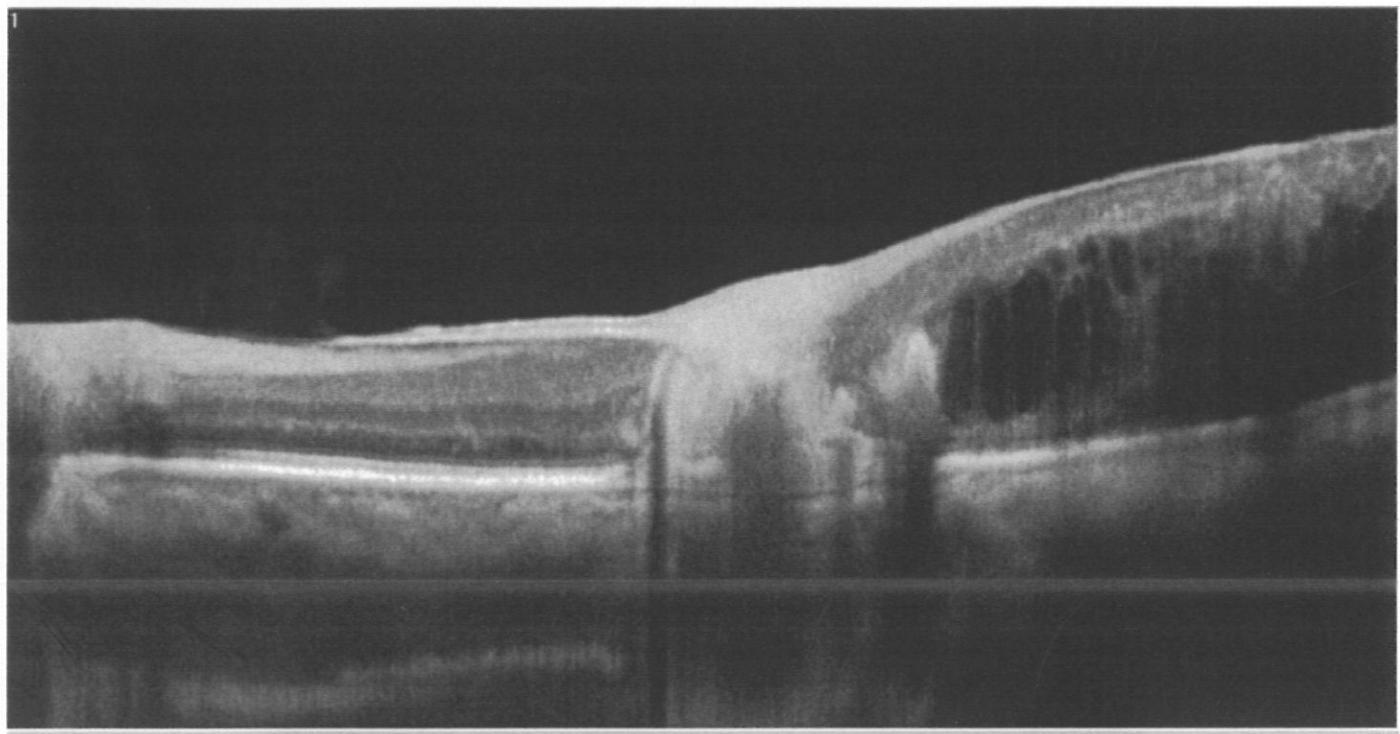
OS

Patient: OHENEWAA, Felicia
Physician: BRAIMAH, ZEBA
Operator: Ahiabor, Edem K
Disease:

Gender: F
ID:

Exam Date: 22/09/2016
DOB (age): 02/04/1952 (64)
Ethnicity:
Algorithm Version: A6, 1, 0, 4

OS



Report Date: Thursday September 22 11:58:58 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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INTER-STAR EYE CLINIC

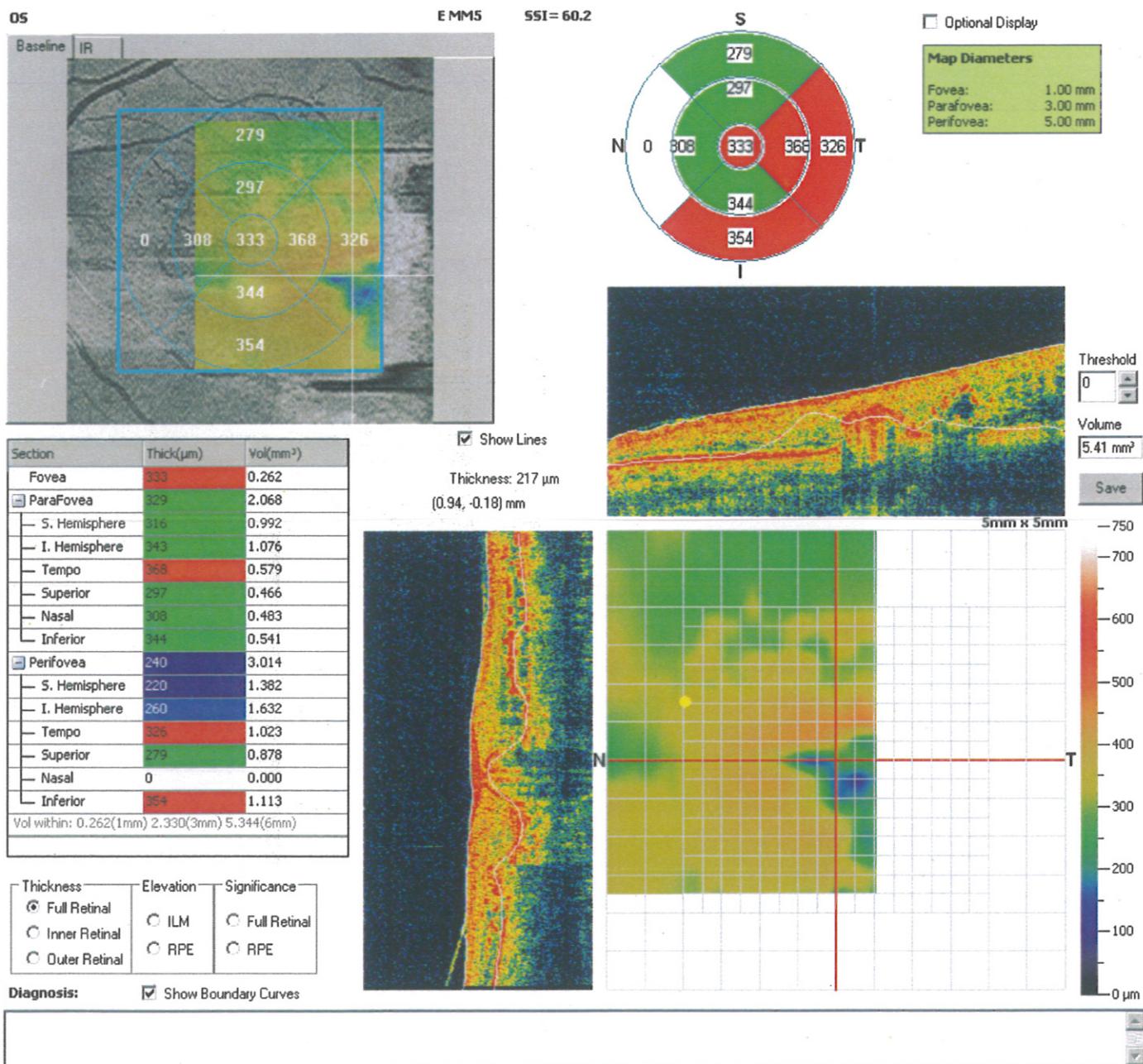
5th Lane, Hse. No F525/1 Osu . 0302783832

OS

Patient: OHENEWAA, Felicia
Physician: BRAIMAH, ZEBA
Operator: Ahiabor, Edem K
Disease:

Gender: F
ID:

Exam Date: 22/09/2016
DOB (age): 02/04/1952 (64)
Ethnicity:
Algorithm Version: A6, 1, 0, 4



Report Date: Thursday September 22 12:01:37 2016

Software Version #6.1.0.4

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	R				PRESCRIPTION GIVEN			
	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
22-9-16.	Dist -4.50	-1.00	90		Plan.			
P.D.	Inter							
68mm	Read							

HEIGHTS R L	MONO		BLANK		TECH SIG. CHECKED		
	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

SYMPTOMS & HISTORY

OCCUPATION
Hobbies

EXTERNAL EXAMINATION OPHTHALMOSCOPY

FIELD TONOMETRY COLOUR ETC.

OPHTHALMOSCOPY

6/60^{ns}

(fl2mns)

SUBJECTIVE

6/R +1.50/-1.00x90

6/L

plus (N.D.)

Binoc ADD

ACCOMMODATION

= 6/

R

L

Rdg ADD

= N

MUSCLE BALANCE

Asto

Doesn't read.

R +3.00/-2.75x85

L +2.00/-3.25x91

RETEST DATE