

SURNAMES (Block Letters)

SARPONG

FIRST NAMES

FRANK

Sex

MALE

PHONE NUMBER.....

0266107161

ADDRESS OR RESIDENTIAL.....

C 333/22 ABOFU

OCCUPATION

TRADER

MARITAL STATUS

MARRIED

DIVORCED

SINGLE

OTHER

✓

DATE OF BIRTH

AGE

5/08/1992

25 YEARS

PLACE OF BIRTH

KADE

ANY ALLEGIC REACTION
TO MEDICINE

NO

NATIONALITY

GHANAIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

29th AUGUST 2017

NEXT OF KIN

SYNTIA SARFO

ADDRESS OR PHONE No. OF NEXT OF KIN

0543741650

ps 29/8/17

600.00 paid 31/8/17

500.00 paid 8/2/18



WINDY EYE CLINIC & LASER CENTRE

Sau pong Frank

17919

29-8-17

Q: loss of vision in RE nasal visual field for 3/12
started as appearance of light in RE

OD: Photophobia⁺, trauma⁺ (BE hit with pepper spray 7/12 ago)
not on any drops now.

VR: 6/6⁺ ue

VR: 6/5 ue



⊙ - lid - ⊙

- conj -

dec - cor - clear

NA - Ate - NA

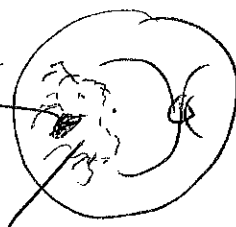
RT - pupil RT

clear - lens - clear

- Retina - Gm 0.3

UFT
MSE

Extravascular
blood.



Temporal
Retinal Detachment

Exp: RE Temporal Retinal Detachment

pls. to see Retinal Surgeon.

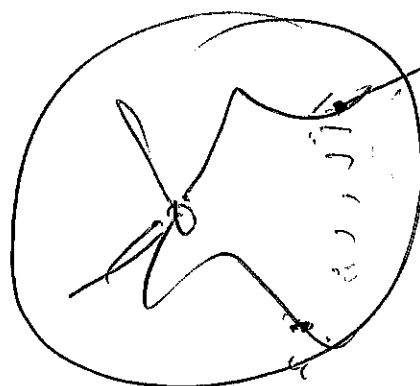
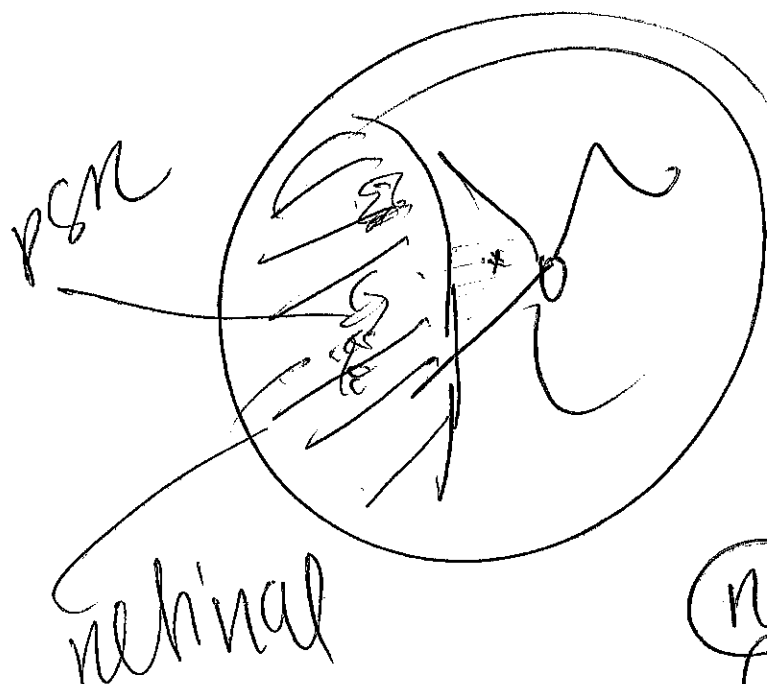
Ap

31-08-12 cu. For review - no new complaint

VR: 6/5_{ue}

NL: 6/5_{ue}

DBE



peripheral
arterial
occlusion
by
diagnosis

- (R) 80% PSR
- (L) 80% PSR

Plan: TO TRY SRS @ eye
on Saturday 11:30am
Dr. Brainerd

- (R) SRS LLA → now the

Plan: TAs. possible RSD
See tomorrow at 3pm
Dr. Brainerd



INDIAN EYE CLINIC & LASER CENTRE

NAME

DATE

7-9-17

DATE

9/1 Review.
VR 6/60⁻² us, 6/20¹⁸⁻² pth.

126/503

A

12

mlare night eye

mt. prespote 20/20 RE

mt. chloramphenicol 20/20 RE

mt. Timolol 20/20 RE

* ~~mt. chloramphenicol~~ 20/20 RE

See 2/5-2 Dr. Brumfield

2-10-17 c/c Review

UP c/c osm us
22 Sept

26/5 us

✓
ingested

Ltd
anymore

clean

WMEg

mmnts on
endothelium

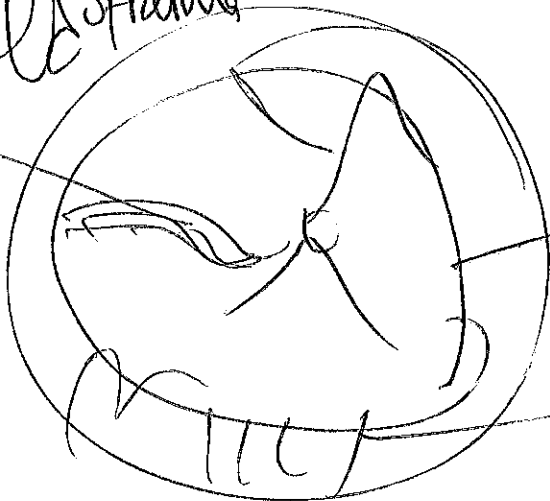
HCC

10
A
fold of peria
clean

lens

fract.

bulge effect



SNF

Rem: ut. PF - e/d QID NE
ut. Timolol NE BD
ut. nevel liquid NE QID
30pm/ ut. See mission - To cut eye lip
Bam
H. B. B. B.



INTERSTATE EYE CLINIC & LASER CENTRE

NAME

CARD NUMBER

05-18-77

DATE

Sn. For review. Still on drops

VR: CF @ $\frac{1}{2}m$ ue NT PA

VL: $\frac{1}{6}m$

To cut (10) Eye encephal Band
1/1 LA today

Dr. Brumel

(10) encephal Band cut at the snap
7-0 Vicryl suture to approximating

Plan: . Pad off tomorrow am and
continue all - prefforte Timolol 2
nebril 4 times

Tab. ponstan $\frac{00}{11}$ pm
Tab. prednisolone comp chyp 5 day

Dr. Brumel



INDIAN STAR EYE CLINIC & LASER CENTRE

CARD NUMBER

NAME

DATE 2-11-17

1/c Review.

VR c/o 0.5M wa,
at IPH

VR 6/5 wa.

✓ LID

injected conjunctiva

clear cornea
round pupil
pupilt+
at psc.

08 A

(ND)

full
initiate
peeling here.

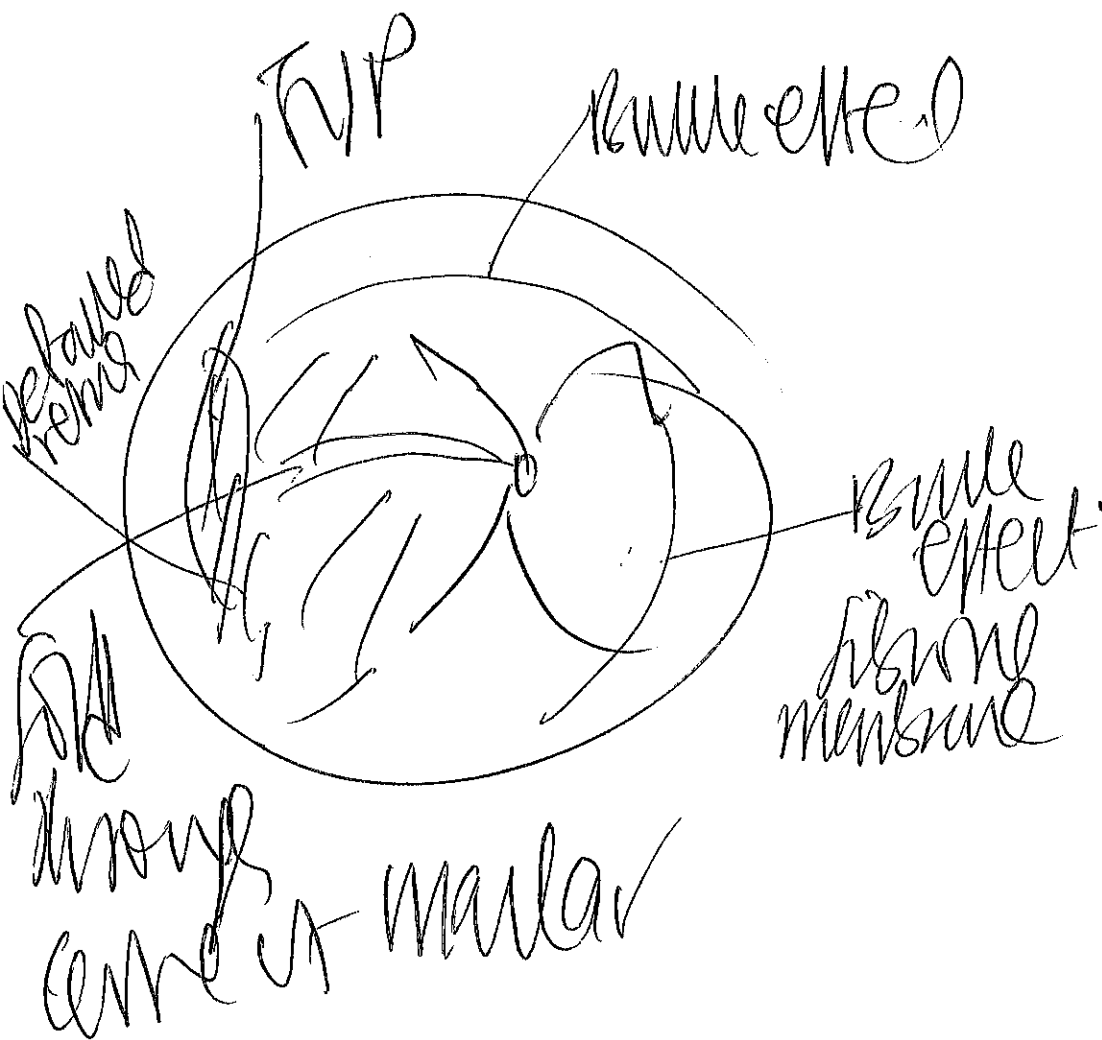


peeling + membrane peeling + scleral
membrane

08-02-18 Q: For review. NA on drop 5
for a while

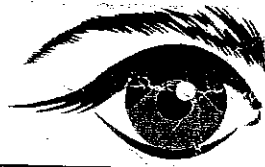
V_L: CF @ 3.5 m_{ue} NIPM

V_L: 6/6ae



Plan: 500 @ PRV + medicine + fee + 801 4LA
TO pay 4000.
Dr. Bimal

10/02/18 (10) PRV (235) + fee + 801 4LA
plan: see tomorrow
Dr. Bimal



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE: 22/08/18

VR CF 2m

VF 6/6

g/R - prev.

A
30

retina attached
macer silicone oil

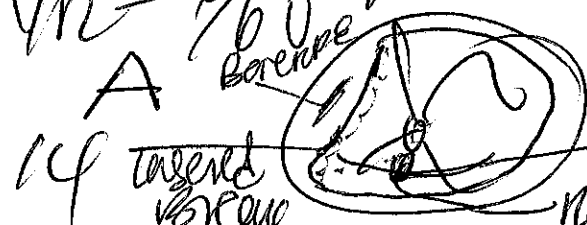
Plan: ut. pred forte 6 times per day.
ut. com bigam RE RD.
ut. T - proct RE nocte.

see 8/03/18

15/03/18

Dr. Branel

VR - 6/6 +4 DS.



silicone oil relex.

14 tapered
breach
retinal break

5/3/18

Plan: ut. predome 010x2 ne
TID $\frac{2}{52}$
RBD $\frac{2}{52}$

CT T- Profit
and Ambrigin

See $\frac{6}{52}$ Dr. Brannan

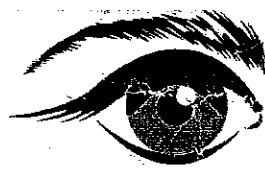
26.64.18 E: For review. Blurry noise in RE for a
white.

V_R: CF@2m ue $\frac{4}{66}$ PH

V_L: $\frac{6}{5}$ ue



Plan: Plan for (10) SORT + SPETEL
JCT
MHE2000.00
Dr. Brannan



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

22/5/78

DATE:.....

Q: Pain in RE for 2/7. Not on drops -

V_R: CF@2m w 6/60 PH

V_L: 6/5 w

Sen

eye drops finished 2/12 ap

Q/E

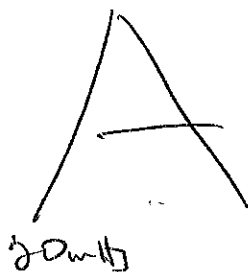
diffuse inject

endothelial pigments

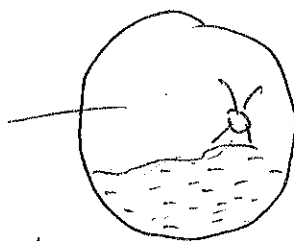
deep AC

dilate pupil (R+)

not



good
situation
fill



? detached retina
no epiretinal
membrane

hyp. uveitis, inflammation

1. full T-mast mode

2. full anterior 12mb

3. full med post 6mb

4. see

WJ

24-05-18 E: for review. Still on drops.

V_R : CF @ 2m w 6/60 pm

for (N) ~~silence~~ oil-exchange



↓ LA.

Dr. Bräimä

(N) 80E + 6E ↓ LA.

Dr. Bräimä

31-05-18 E: for review.

V_R : CF @ 4m w N.I. pm

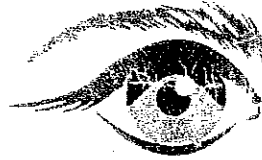
with +5.00 DS → 6/36-

A

13

retine
attendant
siphon out.

Mer: ↓ Pres horn 10NE
combining 10NE
See 4/52 T-post noters
Dr. Bräimä



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:

CARD NUMBER:

DATE:

28/06/11

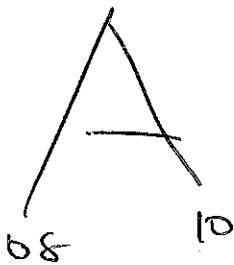
Sen

VR CF@4m ve 6/36 VL 6/5 ve
+5.00 → 6/36 - p4

0/E

Quint

P₆⁺
mid dilated



N₃⁺

Good silicon oil fill
retina attached

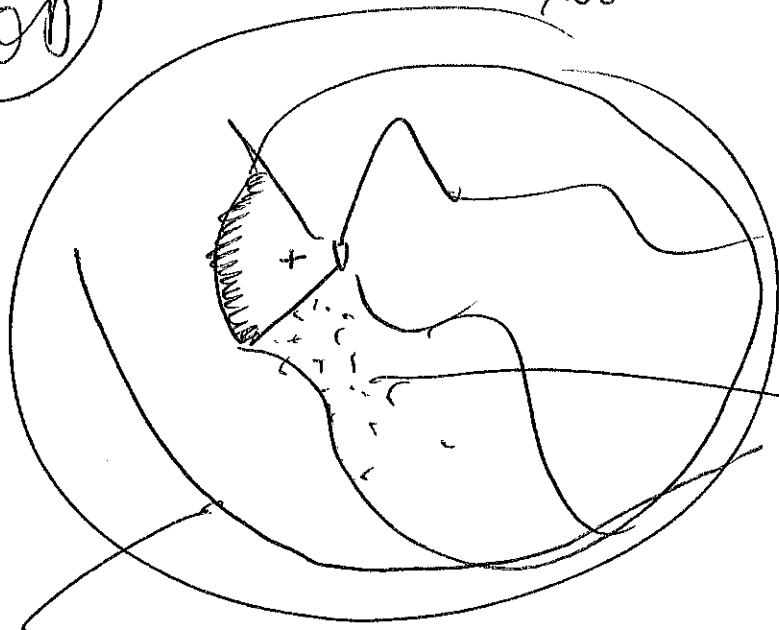
- plan 1. full amblyopia 12hly
 2. full T-prost waste
 3. full med hnt 6hly
 4. See 4/52
- NS

12-07-18 E: Blurry vision in RE for 4/7
Shit on drops.

V_R: CFC 4mm N₁ 1/4
+5.00 → 6/60

V_L 6/60

(90)



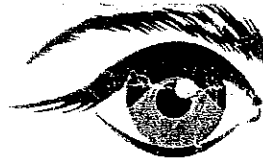
A
12 12

silicone oil netcup

plan: ↓ PF box 2/52 then 007/52
in the right eye
STOP T-prost

CT Amblyopia
see 6/52

Mr. Brames



INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

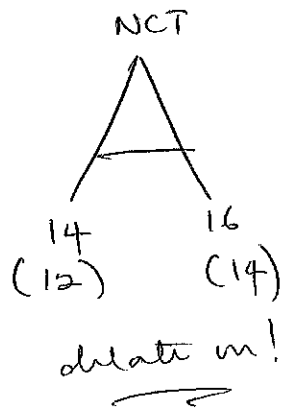
CARD NUMBER:.....

DATE: 23/08/18

Sem

VR CF @ 4m (UA)

VL 6/6 (UA)



retina attached
under silicone oil

Plan: see 2/12

CT compare RE RD

Mr. Brina

18-10-18

%: Review.. Not on any medication

VR
CF @ 1/2 min $\bar{c} + 5.00 \Delta$
 \downarrow
 $6/60^{-2}$

VL
6/5m

Non-contact Tonometer

(R) 19 4 (S)

- 360° PS
- Certanant



Plan: refraction ps. (+5.0)

see 3/12

18/04/19
Gel Pant See well for Review

4m: HAN
NET
1

(10) mature cataract 6/6y9
(12) neovascularization
pan: 11. pres 11.0



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 TEST _____ DATE OF BIRTH _____

DATE OF TEST	R								PRESCRIPTION GIVEN			
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism			
29-08-17	Dist											
P.D.	Inter											
	Read											

HEIGHTS		MONO		BLANK		TECH SIG CHECKED
R	L	R	L			

DISPENSING NOTES

FRAME	DESCRIPTION	GH¢	P
LENSES			
COATING			
SUNDRIES			

TOTAL		
VOUCHER		
BALANCE		
DEPOSIT		
BALANCE		

LEASE TICK
ASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE

2-10-17 ~~Ad~~ R -8.50/-1.00 X 31
 L -0.25/-0.25 X 11

SUBJECTIVE SYMPTOMS & HISTORY 0.5m R N I	OCCUPATION HOBBIES 0.5m
--	-------------------------------

EXTERNAL EXAMINATION OPHTHALMOSCOPY 6/5m L Plano	FIELD TONOMETRY COLOUR ETC. 6/5m
---	-------------------------------------

OPHTHALMOSCOPY 6/6+ u 6/5 u	SUBJECTIVE 6/R Plano 6/6+ = 6/ 6/L Plano 6/5 = 6/ Binoc ADD	ACCOMMODATION R L Rdg ADD = N
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MUSCLE BALANCE R +0.75/-0.25 X 11 L +1.50/-0.25 X 144	RETEST DATE
---	-------------



INTER-STAR EYE CLINIC & LASER CENTER

17919

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NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R							
	PRESCRIPTION GIVEN							
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
18-10-18	Dist 15.00				Mono			
P.D. 67mm	Inter							
	Read							

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	FRAME	DESCRIPTION	GH¢	P
	LENSES			
	COATING			
	SUNDRIES			
		TOTAL		
		VOUCHER		
		BALANCE		
		DEPOSIT		
		BALANCE		

PLEASE TICK

CASH ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE		ACCOMMODATION
R: CF 10/10 L: 6/5	6/R +5.00 DS 6/L plano Binoc ADD		= 6/60 -R 2 L Rdg ADD = N
MUSCLE BALANCE	<u>sub</u> R: +6.00 / -0.75 x 17 L: -0.25 / -0.50 x 80		RETEST DATE



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NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R							
	PRESCRIPTION GIVEN							
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
9-10-17								
P.D.								

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 ☐ CHEQUE ☐ CREDIT CARD ☐

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE

SYMPTOMS & HISTORY

18-10-18

OCCUPATION
HOBBIES

EXTERNAL EXAMINATION OPHTHALMOSCOPY

R: +6.00/-0.75 X 17

FIELD TONOMETRY COLOUR ETC

OPHTHALMOSCOPY

SUBJECTIVE

ACCOMMODATION

Cfelm,
dsw

6/R

+17
8.75 DS

= 6/

Cfelm

Reg ADD

> 6/8

6/L

Binoc ADD

= 6/

5

= N

MUSCLE BALANCE

RETEST DATE

Auto

R - 8.25/-1.00 X 160

L - 0.25/-2.50 X 11

L

GRAYTONE

NUMERIC DB

TOTAL DEVIATION

PATTERN DEVIATION

EIGHT C24-2

RX USED

DS

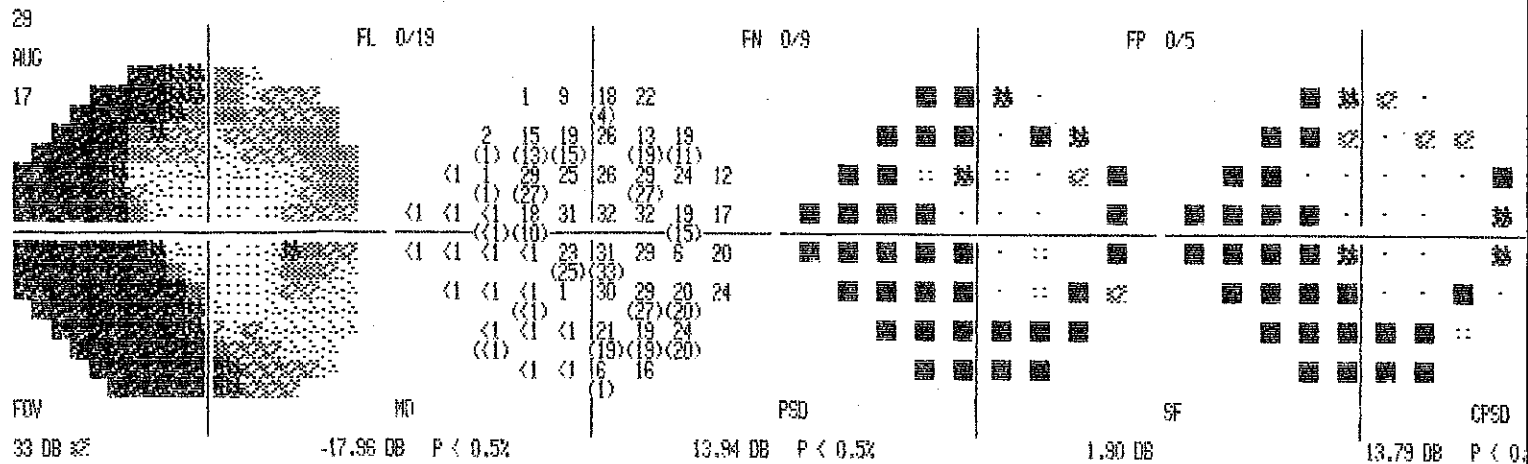
DCX

DEC

25 STRATEGY FULL THRESHOLD

FIXATION TARGET CENTRAL

TIME 01:48:59 PM



LEFT C24-2

RX USED

DS

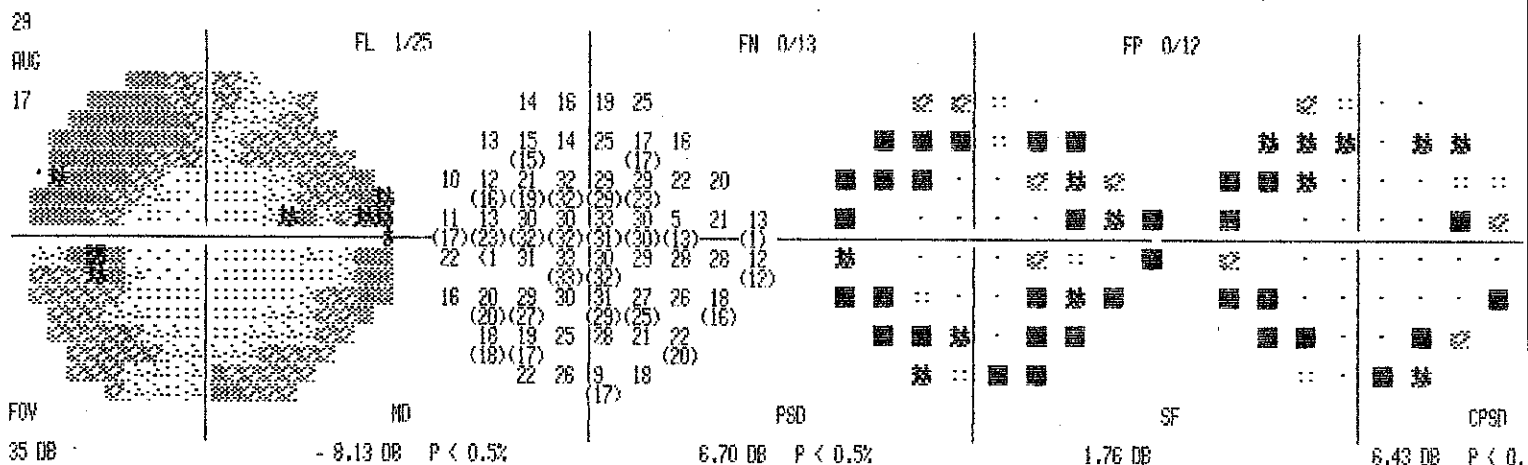
DCX

DEC

AGE 25 STRATEGY FULL THRESHOLD

FIXATION TARGET CENTRAL

TIME 02:21:38 PM



PROBABILITY SYMBOLS

:: P < 5%

⊗ P < 2%

⊗ P < 1%

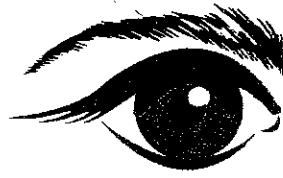
■ P < 0.5%

GRAYTONE SYMBOLS

SYM									
ASB	.8 to .1	2.5 to 1	8 to 3.2	25 to 10	79 to 32	251 to 100	794 to 316	2512 to 1000	7943 to 3162
DB	41 to 50	36 to 40	31 to 35	26 to 30	21 to 25	16 to 20	11 to 15	6 to 10	1 to 5

 INTER STAR EYE CLINC
 0277-755354/0244850200

 ALLERGAN
 HUMPHREY
 REV AB



INTER-STAR EYE CLINIC & LASER CENTRE

CONSENT FORM FOR ADULT/CHILDREN

NAME: FRANK SARPONIG
SEX: MALE
D. O. B: 25/08/92
ID No: 17919

OPERATION CONSENT BY PATIENT/RELATIVE

I, SARPONIG FRANK

On behalf of

Hereby consent to undergo the operation of PPV

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 [Signature]

Date 08/02/2018

I, have been this consent before surgery and explained the nature of the operation to patient/relative

Signature of Doctor:

Date:



INTER-STAR EYE CLINIC & LASER CENTRE

CONSENT FORM FOR ADULT/CHILDREN

NAME: FRANK SAKPONG
SEX: M
D. O. B: 05/08/1992
ID No: 17919

OPERATION CONSENT BY PATIENT/RELATIVE

I, NANCY AGYEIWAR HAMOH

On behalf of FRANK SAKPONG

Hereby consent to undergo the operation of RIGHT EYE SURGERY
SMILE ONLY

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

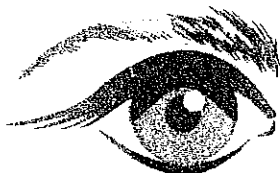
Signature of Patient/Relative [Signature]

Date 31/08/2017

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

Signature of Doctor [Signature]

Date 02-09-2017 @ 3:30pm



INTER-STAR EYE CLINIC & LASER CENTRE

CONSENT FORM FOR ADULT/CHILDREN

NAME: Sapang Frank

SEX: Male

D. O. B: 25/08/1992

ID No: 17191

OPERATION CONSENT BY PATIENT/RELATIVE

I, Joseph Amaakwah

On behalf of Sapang Frank

Hereby consent to undergo the operation of SOR (R.E), SOI, CE

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: [Signature]

Date: 24/05/2018

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

Signature of Doctor: [Signature]

Date: 24/08/2018