

SURNAMES (Block Letters)

OBOI

FIRST NAMES

EVANS

Sex

M

PHONE NUMBER.....

0244127750

ADDRESS OR RESIDENTIAL.....

OSU

OCCUPATION

ST BANKER

MARITAL STATUS

MARRIED	DIVORCED	SINGLE	OTHER
---------	----------	--------	-------

DATE OF BIRTH

23

AGE

PLACE OF BIRTH

MANFE

ANY ALLEGIC REACTION  
TO MEDICINE

N/A

NATIONALITY

ZHANAIAN

RELIGION

CHRISTIAN

DATE OF FIRST ATTENDANCE

26-9-17

NEXT OF KIN

GRACE

ADDRESS OR PHONE No. OF NEXT OF KIN

0244145762

cal Report stat 100- w  
11/10/17 for d 3/10/17  
10/02/18  
10/02/18  
4000/-



## INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Odri Evans

CARD NUMBER: 18289

DATE: 26-9-07

H: Blurry vision at far and near for 6 years.

OOQ: Pain +, redness +

surgery + (RE - Cataract (2004), Specs + (5 years)).

Cataract + (LE - complications @ London Hosp.)

V<sub>R</sub>: CF@1mue NI<sub>PA</sub> 6/24~~28~~ C<sub>SL</sub>

V<sub>L</sub>: HMue NI<sub>PA</sub> AM<sub>SL</sub>

(R) -6.00 - (L)

-1.00 -

Clear - Green - Clear

12.12.07 - AM - DS

RT - RPL - PLR

PLR - LRL = CO<sup>++</sup>

3/03 - FDLR - Nover

WHR



Imp: High Myopia

2. RE Mature Cataract

Pr: Book vs CE & PDSL

Refers LASIK  
refractive surgery

SMR/T

Patient's employers - Stanbach Standard Chartered Bank have volunteered to foot the bill of all expenses to be incurred by in improving patients & their  
They request a medical report stating condition and cost  
of all procedures and medications to be done/given.

AM

04-10-17 : For review

VR: 6/18 EG

VL: HM EG

JOP

12/13

Presently - Reaction  
Supernatant

PCDTC - lens - mother of  
Cataract

cycle 3 futures - no new  
marker RT  
changes

6/10/17

USG: x10mm

① USG (US)

② LE. CE + DR  
(Phaco + IOL)

③ Medical report



## INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE:.....

### Biometry (R.E)

K1 - 42.79

K2 - 43.69

A2 - 28.74

1OL(p) - 6.00

(-0.09)

iovue

MODEL : FA 6025D

Optic Ø : 6.00 mm

Mfg.Dt: 2016 / 05

POWER : 15.00 D

Over All Ø: 12.50 mm

Exp.Dt : 2019 / 04



Lot. S.No:FMA6198 098903

20-10-17

L.S. - Meas + DR

DOL: 15-09  
USA/CA-A

21-10-17

VR 6% RL 6%  
60 24

(1) Goleen - multilayer  
Gard (-)  
Acu + 200m

PCDL

② planar  
flexible hub

③ VEGA WOX Red

④ PREVUE Red

⑤ digeo x triad

VR 6%

27-10-17 Q: for review. 87m on drops

V<sub>L</sub>: 6/60m, 6/9-  
PA

① Whee - clear  
Ae - +1 cells  
PC+D

TP

12 13

Plan  
① Freel faste  
W, C

See Y<sub>52</sub>

10-11-17 Q: Review

VR Fleming.

in 6/36m, 6/12<sup>12</sup>PA

Seen

Quiet

and rapid res

from her pain

PL OCT

Wt

① See Y<sub>52</sub>



## INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Idar Evans

CARD NUMBER: .....

DATE: 24.11.12

9c: For review - still on drops

V<sub>R</sub>: CF@1mme

Sem

Quiet  
pteryxophthalmos

V<sub>L</sub>: 6/18<sup>-3</sup> wa 6/12 pm

Quiet  
PC in mid  
early PM.

- Pl- 1. gtt med forte 6 hourly  
2. gtt nizumox 6 hourly  
3. gtt novanac 6 hourly } LE  
4. See 3/52

DJ

15-12-12 Q: For review: STN on drops

$v_R$ : CF @ 1m ua

~~$v_L$~~ :  $6/24_{ua}$   $6g^{-2}$   
PA

(P) PCPL

(D) Alu - Gulf

PCPL

su  $\gamma_n$

Mars

① Tides  $\times$   $2nd$

LS

② R Tides

$2nd$   
BT

10/29/18

SEM

Rough amphitheatre with eye drops

$v_R$  CF @ 1m (UA)

$v_L$   $6g^{-1}$  (UA)

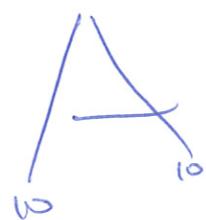
of E:

Divit

clear corner

deep alc

superiorly  
displaced mid Mu  
central



Plan

3. See  $\gamma_{1,2}$

Pl. + Dlc gut borders

, gut reflex leaves only → ES

dit



## INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE:.....

date 6/8 - (-15.0)

(1) pure - round  
lens - pCDR  
fibres - polypropylene drops  
663

CCT T 545  
534

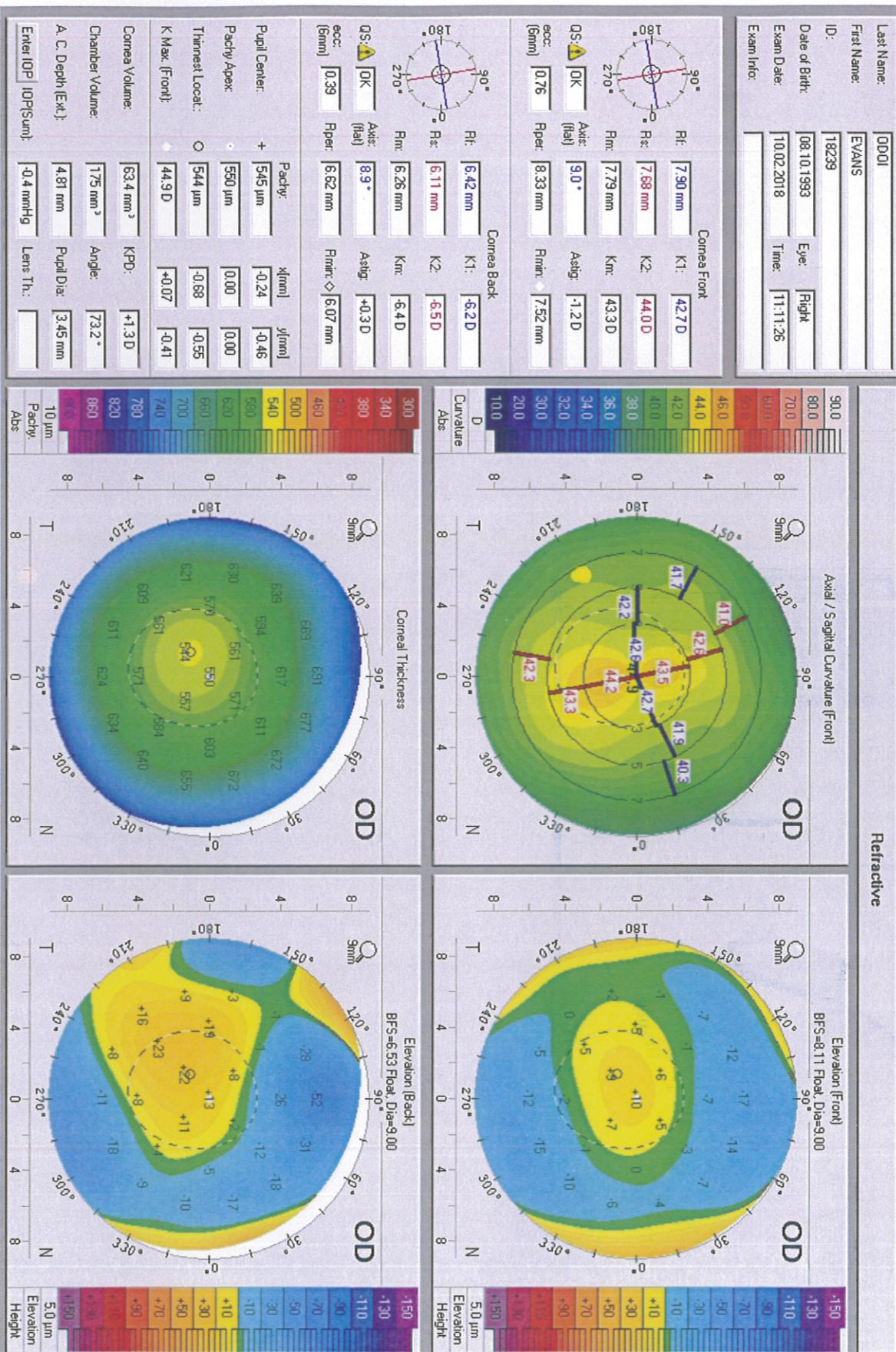
	R	L
k1	43	42
k2	44	44

Plan

- ① R Tear gel -
- ② Topography Bi
- ③ RS - IOL exchange



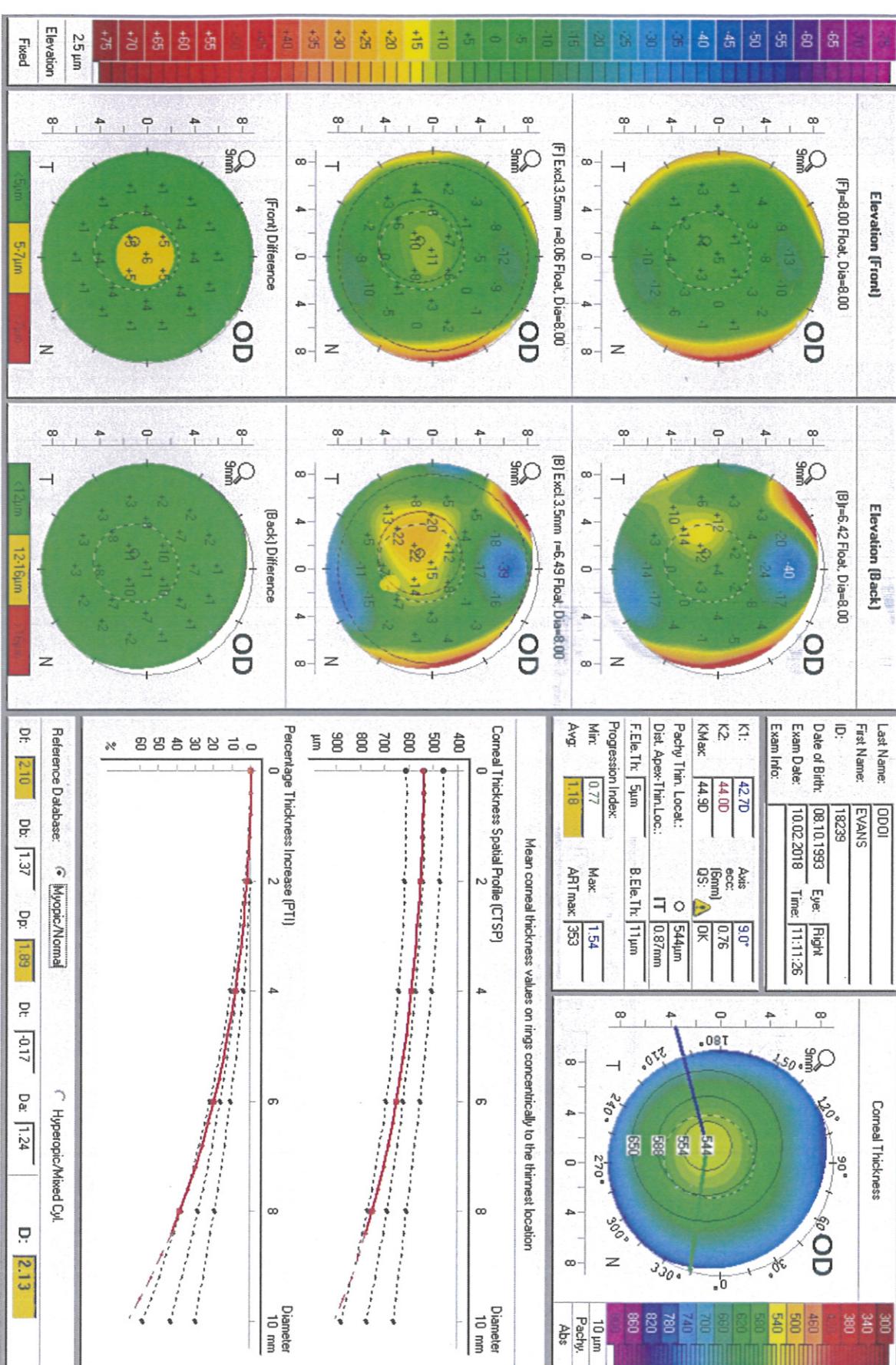
# WAVELIGHT - ALLEGRO OCULYZER 4 Maps Refractive





# Wavelight®

## WAVELIGHT - ALLEGRO OCULYZER Belin / Ambrósio Enhanced Ectasia



# WAVELIGHT - ALLEGRO TOPOLYZER VARIO

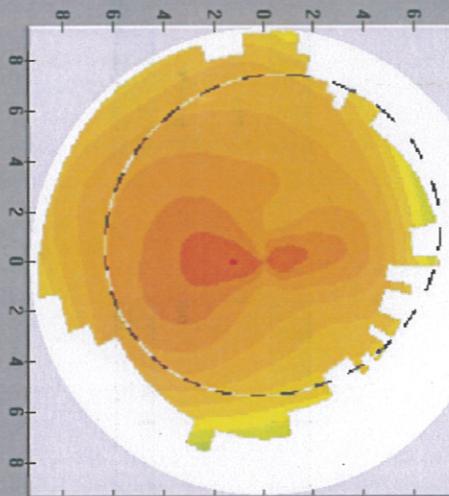
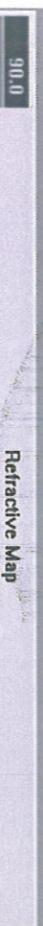
Patient Examination Lens Check Display Settings T-CAT Miscellaneous

Name: ODDOL EVANS  
Dat. o.B.: 08.10.93

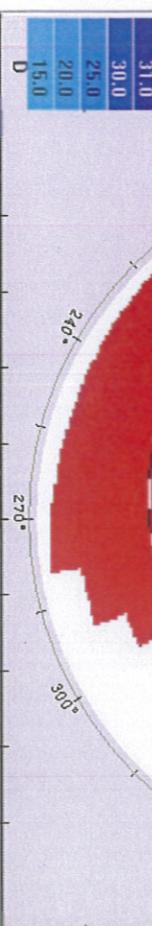
Eye: Right

Exm. dat.: 10.02.18  
Exm. time: 11:29:15

JPG Print



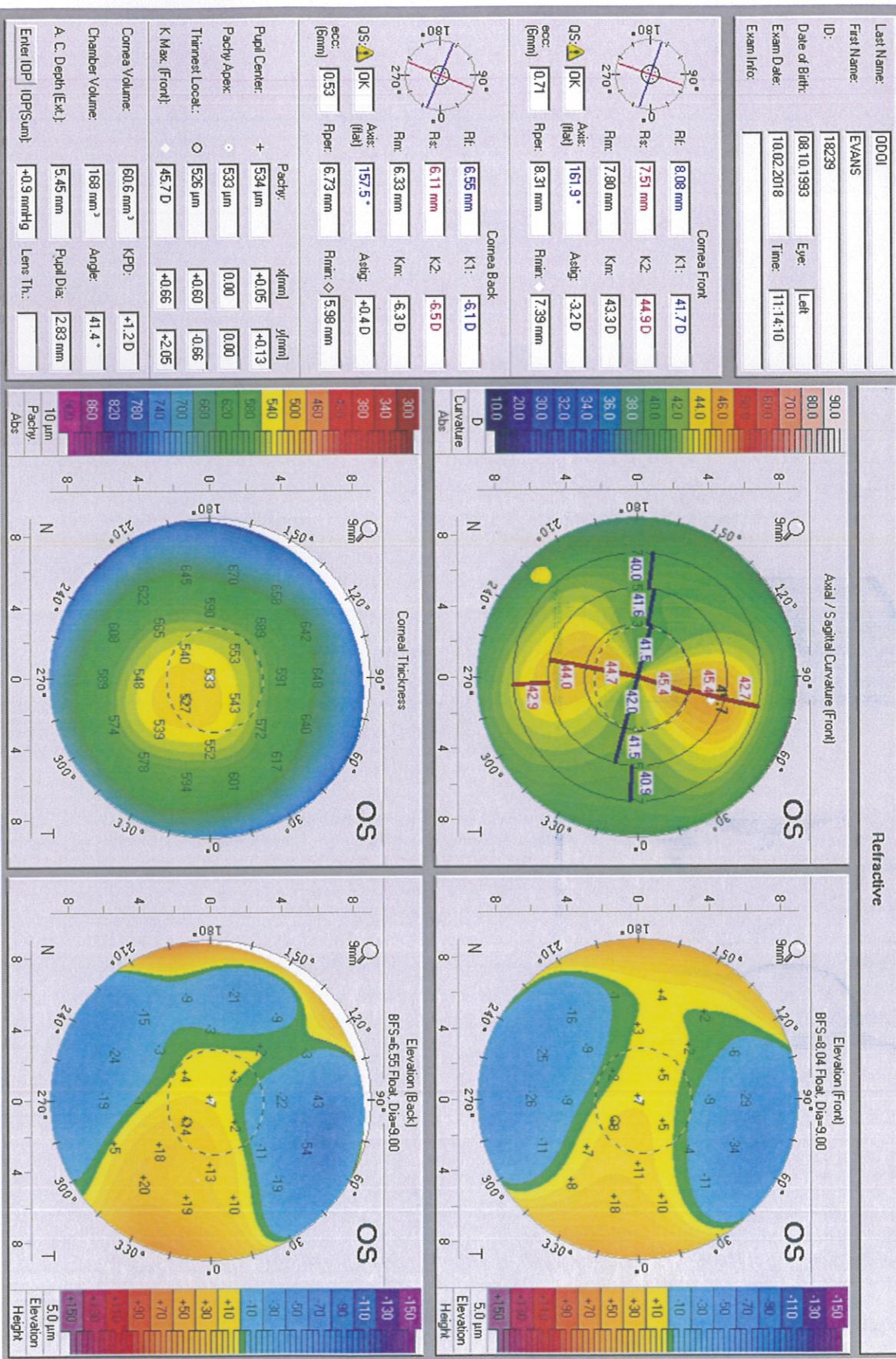
Spectacle power:	cvd=0:
Sph[D]:	0.00
Cyl[D]:	0.00
Axis:	0
cvd[mm]:	0



Rh: 7.94mm / 42.5D / 12.5°	Astig: 0.95D	Pupil: 6.5mm	Apx: 7.65mm / 44.1D
Rv: 7.76mm / 43.5D / 102.5°	Ecc: 0.77	Iris: 11.5mm	Ø[mm] 9.35 ± h: 1492µm



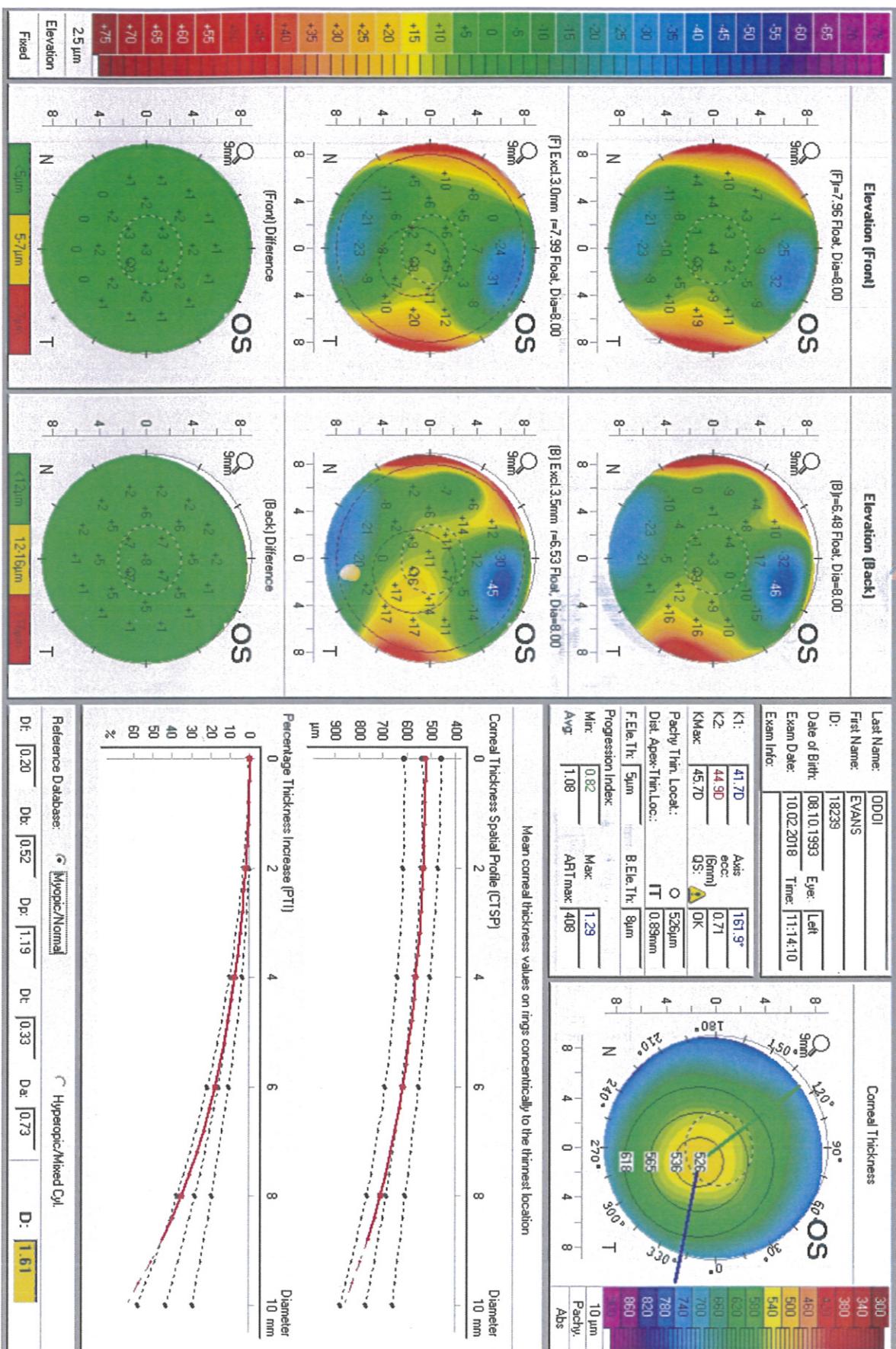
# WAVELIGHT - ALLEGRO OCULYZER 4 Maps Refractive





# Wavelight®

## WAVELIGHT - ALLEGRO OCULYZER Belin / Ambrósio Enhanced Ectasia



# WAVELIGHT - ALLEGRO TOPOLYZER VARIO

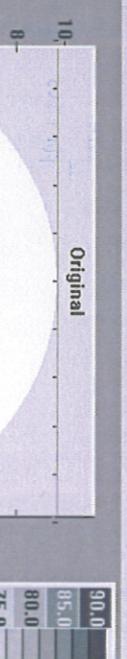
Patient: Examination Lens Check Display Settings T-CAT Miscellaneous

Name: ODOL, EVANS  
Dat. o.B.: 08.10.93

Eye: Left

Exm. dat.: 10.02.18  
Exm. time: 11:23:55

JPG Print



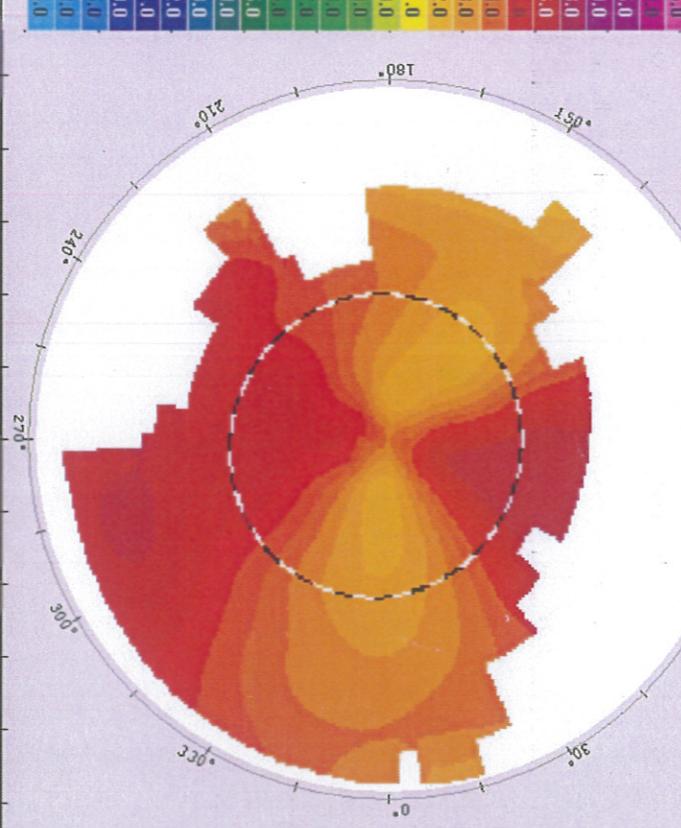
## Spectacle power:

Sph[D]: 0.00  0.00

Cyl[D]: 0.00  0.00

Axis: 0

cvd[mm]: 0



Rth: 8.07mm / 41.8D / 166.2°	Astig: 3.29D	Pupil: 4.1mm	Apex: 7.69mm / 43.9D
Rv: 7.48mm / 45.1D / 76.2°	Ecc: 0.79	Iris: 11.5mm	θ[mm] 9.35 <input type="button" value="±"/> h: 1453μm

Dipper

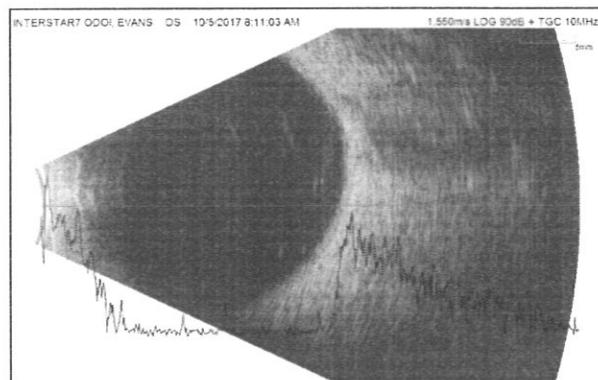
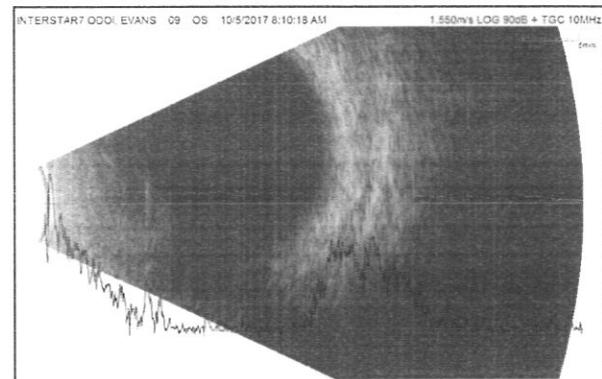
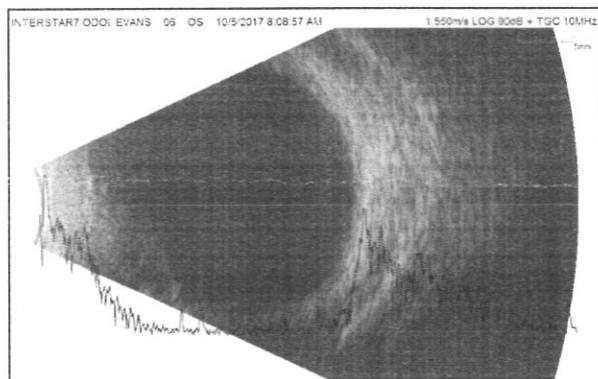
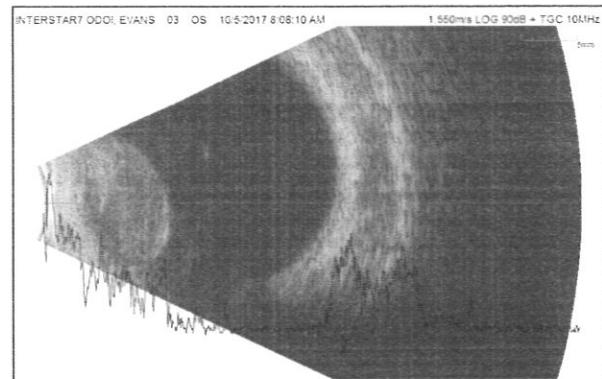
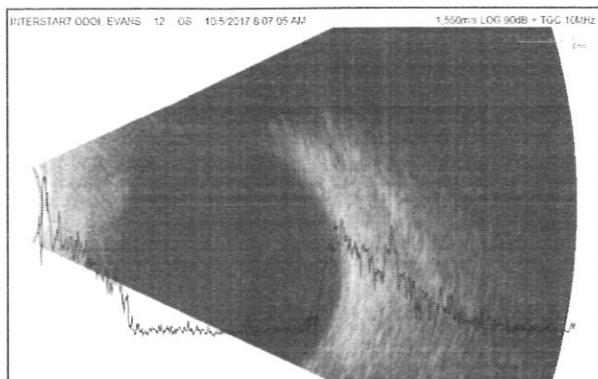
Sagittal

Absolut



Physician: DOCTOR PRIVATE  
Examiner: ABRAFI DUFFUOR

Patient ID: INTERSTAR7  
Patient: EVANS ODOI  
Date: 10/5/2017





## INTER-STAR EYE CLINIC & LASER CENTRE

Date: 6<sup>th</sup> OCTOBER 2017

### MEDICAL REPORT

RE: EVANS ODOI AGE: 23

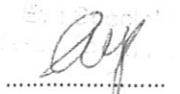
The above named patient reported to our clinic on 26<sup>th</sup> September 2017 complaining of blurred vision in both eyes for 6 years. He informed us he had had cataract surgery on his right eye in 2004. On examination, VR: 6/24 aided and VL: HM (Hand Motion) aided.

Anterior segment findings showed OD: Pupil: peaked superiorly, Lens: PC-IOL and OS: Lens: matured cortical cataract. Intraocular pressure (IOP) was OD: 12 mmHg and OS: 12 mmHg. Fundus examination revealed OD: C/D ratio 0.3 and macular RPE changes, and OS: no view. He was asked to undergo Ultrasound scan (USG) of the left eye. USG results were normal. He was thus scheduled for left eye cataract surgery.

#### **IMPRESSION:**

- Right eye High Myopia (>-4DS) and Pseudophakia
- Left eye matured cataract

**RECOMMENDATION:** Left eye Phaco-emulsification cataract surgery at a cost of Five Thousand Ghana Cedis (GHS 5,000) only and an estimated cost of One Thousand Ghana Cedis (GHS 1,000) only for medications post surgery.

  
Dr. Y. S. ADAM  
Eye Surgeon



## INTER-STAR EYE CLINIC & LASER CENTRE

### CONSENT FORM FOR ADULT/CHILDREN

NAME: Odoi Evans

SEX: Male

D.O.B: 8/10/1993

ID No: 18239

#### OPERATION CONSENT BY PATIENT/RELATIVE

Odoi Evans

I, On behalf of .....

Hereby consent to undergo the operation of C/L + IOL L.E.

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.....

Date: 18-10-17

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

Signature of Doctor: .....

Date: .....



# 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

18239

NAME: \_\_\_\_\_ TEL HOUSE \_\_\_\_\_ WORK \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DATE OF TEST	R	PRESCRIPTION GIVEN							
		Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
DS-12-17	Dist	-250				-250	-0.75	170	
P.D.	Inter								
73mm	Read								

HEIGHTS	MONO		BLANK		TECH SIG.	
R	L	R	L			CHECKED

DISPENSING NOTES	DESCRIPTION		GH¢ P 1000.00 170
	FRAME	VERSACE	
	LENSES	PHOTO AM SH	
	COATING		
	SUNDRIES		

PLEASE TICK	TOTAL		BALANCE 170 paid 22/12/17
	VOUCHER		
	BALANCE		
	DEPOSIT		
	BALANCE		

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			28/12/17

SYMPTOMS & HISTORY	OCCUPATION Hobbies	
EXTERNAL EXAMINATION OPTHALMOSCOPY	FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY  Cf eye w 6/24Ls	SUBJECTIVE  6/R -2 50 (BAL). 6/L -2 50/-0.75x170 = 6/9 Binoc ADD	ACCOMMODATION  R Cf eye L Rdg ADD 76/9 = N
MUSCLE BALANCE  Auto R Diver L -3 50/-2.25x172	RETEST DATE	



# 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>29-07-17</i>	R PRESCRIPTION GIVEN							
	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
Dist	-15.00							
P.D.								
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	

SYMPTOMS & HISTORY		OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION
Cfelm	6/R ~ 15. w DS = 6/ 6/L (Plano 2 NI) = 6/ Rdg ADD	R L = N
HMue	Binoc ADD	
MUSCLE BALANCE		RETEST DATE
<u>Auto</u> R Errn L Errn		