

SURNAMES (Block Letters)
KWAYIEA

FIRST NAMES
THERESA

Sex
F

PHONE NUMBER.....0241474040

ADDRESS OR RESIDENTIAL.....WESTERN REGION

OCCUPATION
FARMER

MARITAL STATUS			
MARRIED	DIVORCED	SINGLE	OTHER
			WIDOWER

DATE OF BIRTH
AGE
70

PLACE OF BIRTH
WESTERN REGION

ANY ALLEGIC REACTION
TO MEDICINE

NATIONALITY
NANAIAN

RELIGION
CHRISTIAN

DATE OF FIRST ATTENDANCE
18/5/17

NEXT OF KIN SAMUEL K. ODEI	ADDRESS OR PHONE No. OF NEXT OF KIN 0809250523
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INTERSTATE EYE CLINIC & LASER CENTRE

NAME: THERESA KWAHIEA

CARD NUMBER: 16601

DATE: 18/5/17

9c Blurred vision in LE for a while.

DM⁺, HPT⁺ (on tabs)

VR RLL

R Gf 4m, 6/24pt

A
20

0.1

⊙ - Ld - ⊙

- - Gg - -

Phthirus
Bulbi

Clear - Cornea - clear

~~clear~~ - Aqueous - clear

Pupil - RR⁺

Lens - NS⁺ WD

UV - 0.85

Retina - Pale feet

Exp. LE Glaucoma

2 RE Phthirus Bulbi

- Ab
1. Gett Timolol 3% bid
 2. Gett Teep 3% twice
 3. See 1/12
 4. HMC QM-2 at m

S. One glaucoma

Hy

5/4/18

etc: For review, patient complains of
blurred vision. Drops got finished
over 6 months ago.

ON: MPL

Near: 6/12⁻

seen

q/e

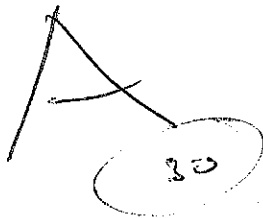
phthi
bulbi

Quit

roughly mid

no 1

can 0.5



- Plan:
1. Start xalatan nocte
 2. Start carbonyl 12hrly
 3. for glaucoma workup

- OCT

- VFT

4. See 1/12



INTERSTATE EYE CLINIC & LASER CENTRE

NAME

CARD NUMBER

03-05-18

DATE:

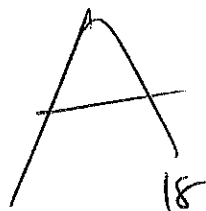
GL: for review. Xalatan finished yesterday.

V_R: NPZ

V_L: 6/12 SC

Sem

0/E



Direct

clear cornea

deep AC

unreactive pupil

WST

CRV 0.9

- Plc.
1. full xalatan note
 2. full ant-fun 12 July
 3. full Acrop+ 8 July
 4. See ~~4/52~~ 6/52
- LE

bring back
15 Sept

W K

14-6-8 ofc. Review.

NR NPZ

12/12/91

See p

of 18

physical

A
18

discharge

right hyman

clear cones

deep AC

1/12/91
mid-dilated

plan: 1. full travatam nocte


2. full ambly 12/12

3. full Ambly 8/12

4. full Exocine 6/12 - BEI
x 9/12

5. See 6/12 (R. must be aware of a distance)

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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: interstareyeclinik@gmail.com Tel: 0302-783832 / 027-7755354

NAME: _____ TEL HOUSE _____ WORK _____

ADDRESS: _____ DATE OF BIRTH _____

DATE OF TEST	R							
	Sph	Cyl	Axis	Prism	Sph	Cyl	Axis	Prism
18-5-17	Dist	-2.00			-2.00	-0.75	90	
P.D. 60mm	Inter							
	Read							

HEIGHTS		MONO		BLANK	TECH SIG. CHECKED
R	L	R	L		

DISPENSING NOTES	DESCRIPTION	GH¢ P
	FRAME	full rim PRP L6001 52 16 130 120 ~
	LENSES	Photo SN 100. ~
	COATING	
	SUNDRIES	

PLEASE TICK CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	TOTAL	amt 220. ~
	VOUCHER	partial 18/5/17
	BALANCE	
	DEPOSIT	
	BALANCE	

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			23-5-17

SYMPTOMS & HISTORY		OCCUPATION HUBBIES	
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.	
OPHTHALMOSCOPY	SUBJECTIVE	ACCOMMODATION	
<p>MR</p> <p>203-54</p>	<p>6/R -2.00</p> <p>6/L $-2.00/-0.75 \times 90$</p> <p>Binoc ADD</p>	<p>= 6/12</p> <p>Rdg ADD</p> <p>6/12</p> <p>= N</p>	
MUSCLE BALANCE		RETEST DATE	
<p>Auto</p> <p>R Error</p> <p>L $-2.25/-0.75 \times 180$</p>			