

RNAMES (Block Letters)

GBODO GNA

FIRST NAMES

MICHAEL

Sex

M

HONE NUMBER.....

0268240249 / 0268780708

ADDRESS OR RESIDENTIAL.....

EAST LEGON, AMERICAN  
HOUSE

OCCUPATION

STUDENT

MARITAL STATUS

MARRIED	DIVORCED	SINGLE	OTHER <input checked="" type="checkbox"/>
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TE OF BIRTH

11/1/2000

AGE  
16

PLACE OF BIRTH

ACCRA

ANY ALLEGIC REACTION  
TO MEDICINE

N/A

ATIONALITY

GITANAZAN

RELIGION

CATHOLIC

DATE OF FIRST ATTENDANCE

9/9/16

NEXT OF KIN

ERONICA GBODO GNA

ADDRESS OR PHONE NO. OF NEXT OF KIN

0268240249

2016-9/9/16



## INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Michael Gbogog

CARD NUMBER: 13365

DATE: 9/9/2016

% seeing people and objects as distorted images  
for 3/12. Asthma<sup>+</sup>, scd<sup>+</sup>. Trauma (T)  
VR 6/5 fine.

VR 6/5 fine

DOP  
16/15  
Bil Day Pd As  
clear - far - clear  
MAD - far - MAD

Plas  
① OCT  
(monthly)

OCT R/L meules  
verticales

for 2/12

① oxygène  
② gic grossy

5-11-16. Ch Review., Gruber

VR 6/5gl

VL 6/5gl

Br. Cong. Pm. ~~St.~~

Y<sub>1/2</sub> - fules - glas<sup>3</sup>

plan

① Releifat

bet  
B<sub>5</sub>

Su 2/2

28-07-17

Ex: Photophobia, tearing and headaches  
since Y<sub>1/2</sub>. Glasses screen.

OOQ: Discharges<sup>+</sup> (yellowish) - after sleep  
Redness<sup>+</sup>, Itching<sup>+</sup>

VR: 6/5~~gl~~

VL: 6/5~~cg~~

JM  
4/13

Br. Cong. Pm. ~~St.~~

① plan  
T<sub>52</sub>

Su 6/2

① fine red  
tu<sub>52</sub>



## INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

25-4-18.

DATE:.....

9c Pain and discharge in BB for 1/2.  
undergoing treatment for chicken pox (5/7 ago).

VR 6/5/18

VZ 6/5/18

Seen

of  
E

Distinct

Right eye

dry corner

deep AE

eye pain

- Plan:
- |                            |     |
|----------------------------|-----|
| 1. Full anti-virus 6hrs    | RES |
| 2. Full refresh tears 6hrs |     |
| 3. See Dr Monday           |     |

WJ

# INTER-STAR EYE CLINIC

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

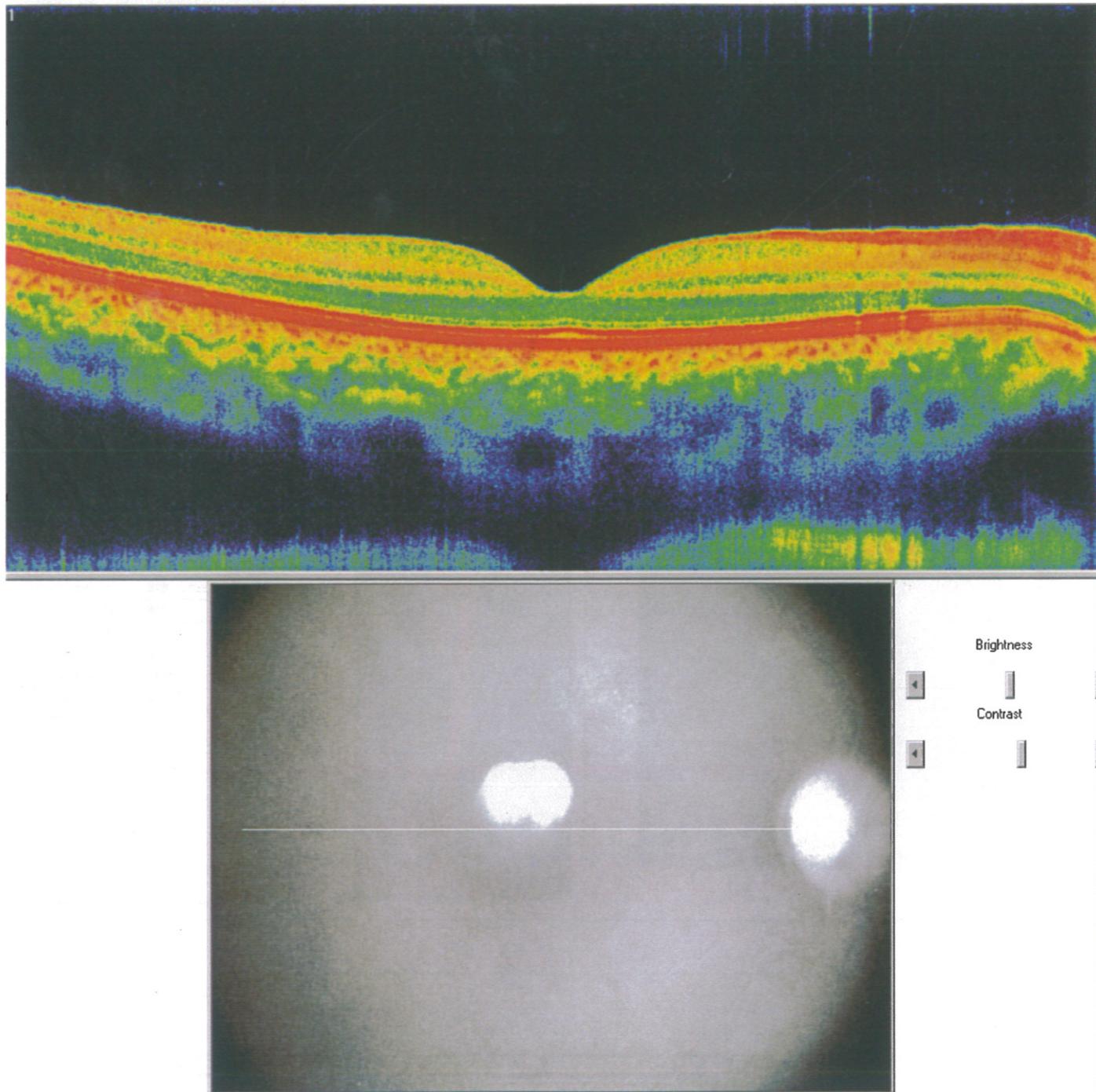
OD

Patient: GBOCOGA, Micheal  
Physician: ADAM, Y. S.  
Operator: Ahiabor, Edem K  
Disease:

Gender: M  
ID:

Exam Date: 09/09/2016  
DOB (age): 07/01/2000 (16)  
Ethnicity:  
Algorithm Version: A6, 1, 0, 4

OD



Report Date: Friday September 09 14:11:00 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

Defining the OCT Revolution

optovue

# INTER-STAR EYE CLINIC

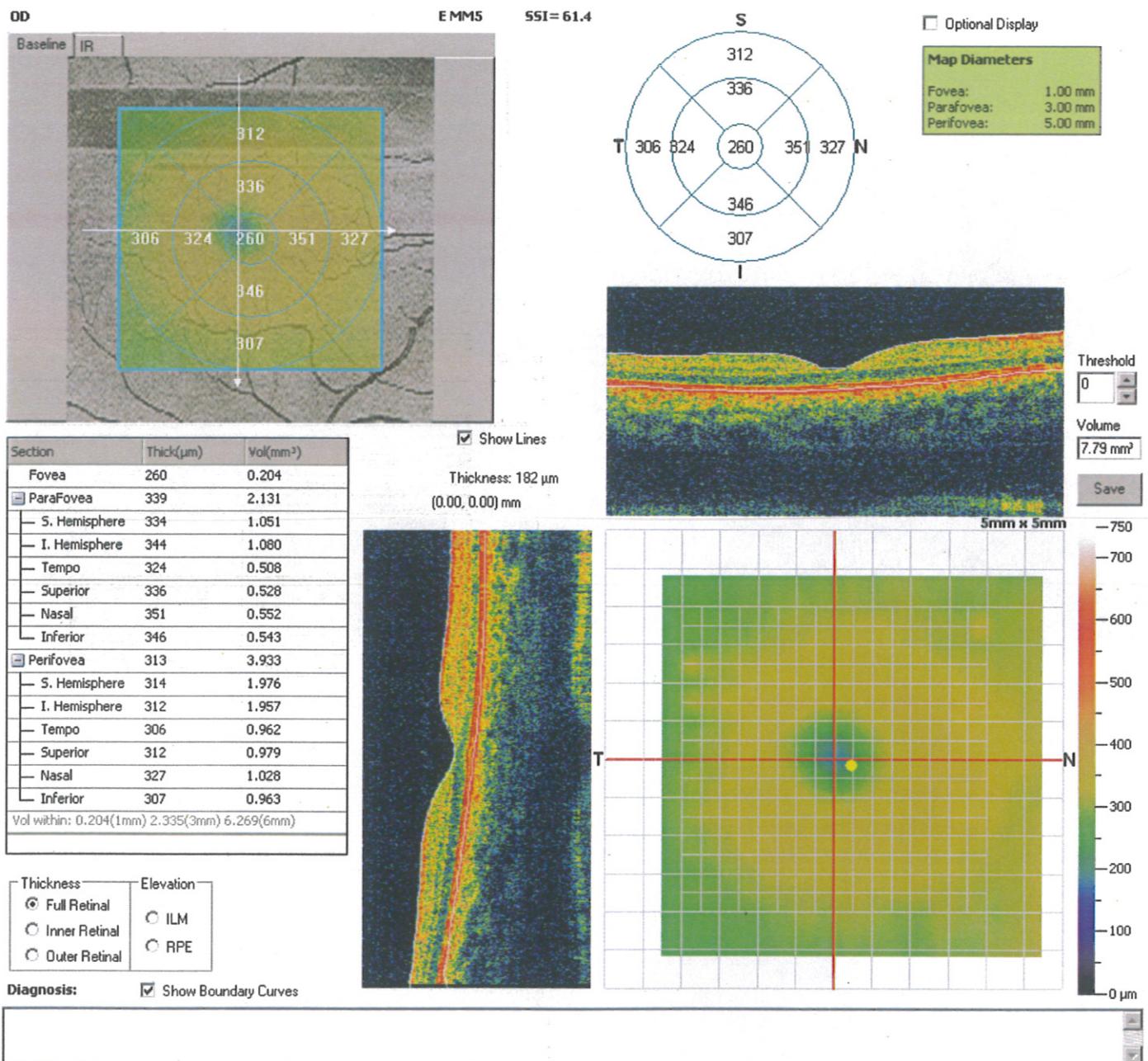
5th Lane, Hse. No F525/1 Osu . 0302783832

OD

Patient: GBOCOGA, Micheal  
 Physician: ADAM, Y. S.  
 Operator: Ahiabor, Edem K  
 Disease:

Gender: M  
 ID:

Exam Date: 09/09/2016  
 DOB (age): 07/01/2000 (16)  
 Ethnicity:  
 Algorithm Version: A6, 1, 0, 4



Report Date: Friday September 09 14:11:19 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

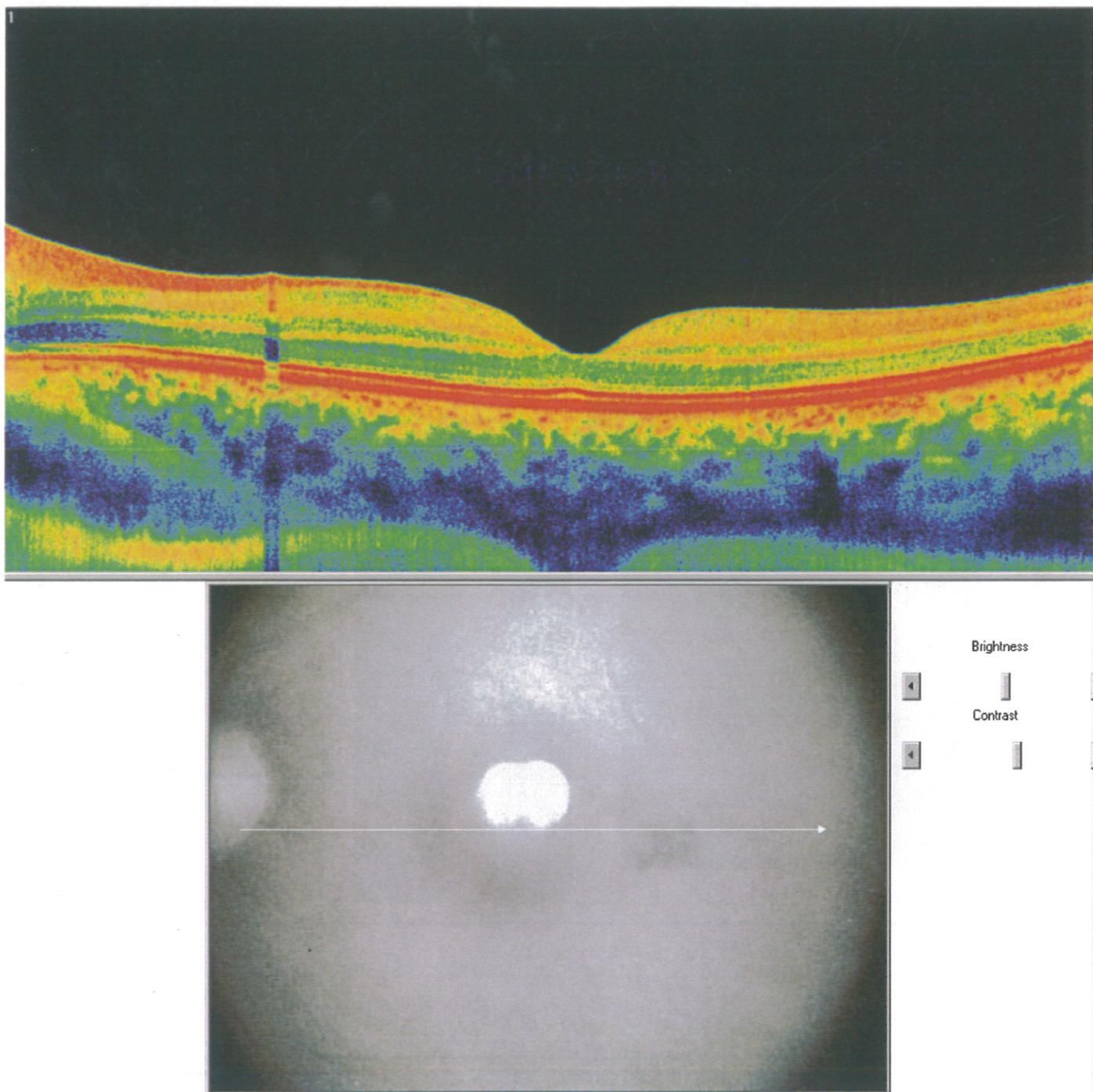
OS

Patient: GBOCOGA, Micheal  
Physician: ADAM, Y. S.  
Operator: Ahiabor, Edem K  
Disease:

Gender: M  
ID:

Exam Date: 09/09/2016  
DOB (age): 07/01/2000 (16)  
Ethnicity:  
Algorithm Version: A6, 1, 0, 4

OS



Report Date: Friday September 09 14:11:46 2016

Software Version #6, 1, 0, 4

Comments:

Signature:

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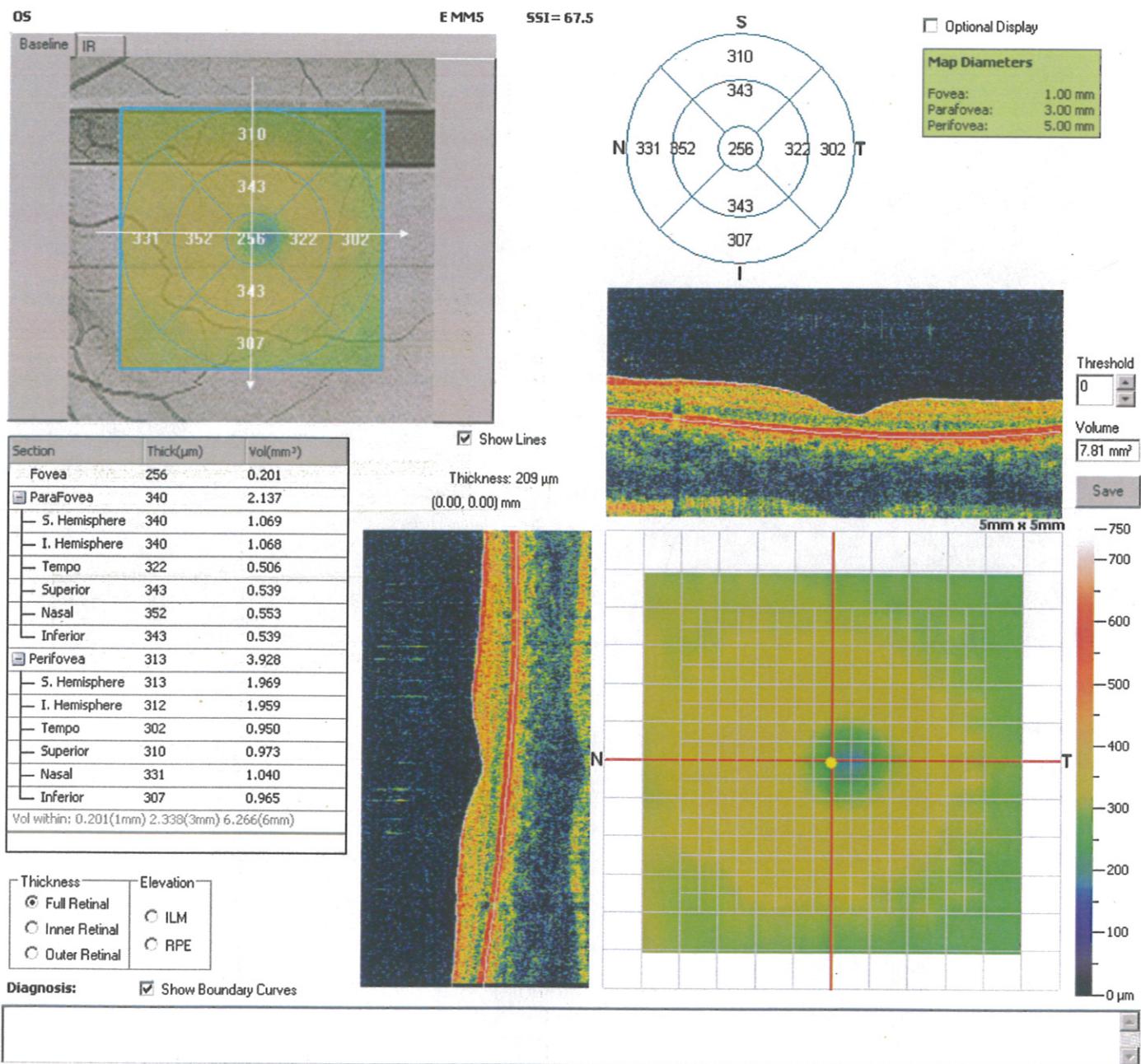
## INTER-STAR EYE CLINIC

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

Patient: GBOCOGA, Micheal  
Physician: ADAM, Y. S.  
Operator: Ahiabor, Edem K  
Disease:

Gender: M  
ID:

Exam Date: 09/09/2016  
DOB (age): 07/01/2000 (16)  
Ethnicity:  
Algorithm Version: A6, 1, 0, 4



Report Date: Friday September 09 14:11:48 2016

No NDB comparison for patient age < 18 on exam date

Report Date: Friday September 09 14:12:03 2016

Software Version #6, 1, 0, 4

#### Comments:

Signature:

# Defining the OCT Revolution



13365



# 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								
	Dist	Sph	Cyi	Axis	Prism	Sph	Cyi	Axis	Prism
9-9-16	DL	-0.25	180			DL	-0.50	180	
P.D.	Inter					(28/07/17)			
73mm	Read								

HEIGHTS	MONO		BLANK		TECH SIG. CHECKED	
R	L	R	L			

DISPENSING NOTES	fill in wine	DESCRIPTION	GH¢	P
Another order	frame Cassettes - 400	FRAME Suprino	180.00	
frame Cassettes - 400	PLA0	LENSSES Photo MR SPN	160.~	
lenses A1e SPN	160.~	COATING		
Total - 540.00		SUNDRIES		

Deposit - cash 300. paid 28/7/17  
Balance - cash 260. paid 1/8/17

TOTAL GH¢ 340.~

VOUCHER fully paid

BALANCE 109-09-16

DEPOSIT

BALANCE

DISPENSED BY	CHECKED BY	RECEIVED BY	DATE
			14/9/16 118/17

SYMPTOMS & HISTORY		OCCUPATION Hobbies
EXTERNAL EXAMINATION OPHTHALMOSCOPY		FIELD TONOMETRY COLOUR ETC.
OPHTHALMOSCOPY <i>6/5 w/s</i>	SUBJECTIVE 6/R <i>Plano/-0.25x180 = 6/5</i> 6/L <i>Plano/-0.50x180 = 6/5</i> Binoc ADD	ACCOMMODATION R Rdg ADD <i>76/s</i> = N
MUSCLE BALANCE <u>Auto</u> R <i>Plano/-0.25x172</i> L <i>+0.25/-0.25x14</i>		RETEST DATE