

URNAMES (Block Letters)  
AMISSAH

FIRST NAMES  
HANNAH

Sex  
F

PHONE NUMBER.....0547 421619

ADDRESS OR RESIDENTIAL.....ESAKYERE

OCCUPATION  
TRADER

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

DATE OF BIRTH  
7 / 1974

AGE  
42

PLACE OF BIRTH

ANY ALLERGIC REACTION  
TO MEDICINE

NATIONALITY  
GHANAIAN

RELIGION  
CHRISTIAN

DATE OF FIRST ATTENDANCE  
11 / 11 / 2016

NEXT OF KIN  
SAMUEL Aequah

ADDRESS OR PHONE No. OF NEXT OF KIN  
0242 844751



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME: Md. Hannah Amissah

CARD NUMBER: 14161

DATE: 11/11/2016

9/10 Lost vision in BE 7yrs ago. something  
fell in BE and required surgery.  
Dm<sup>+</sup> (2yrs, on tabs), HPT<sup>+</sup>, sed<sup>+</sup>.

✓ NPL

✓ NPL

② Enserfed  
any- hem/line

CE



hypopygia  
defect

②

Conges inf para central  
defect

Alc - inf hypopygia

Pine - fixed, not detect

Plus

② Culoxan lully

② neerhuac red

② AWO post

su 5/7

21/11/16

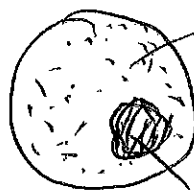
Seen on Review

fo - nil - However

not any exudate  
as prescribed

R  
enlarged eye

L heavy cornea  
PSE



epithelial defect

AC-dk

iris - brown

pupil - dilated

lens - cataract

Plan  
Continue Gutt Glaxon LE 2hrly  
Gutt Cyclopentlate LE bid  
Gutt Nevanac LE qid

see 1/2

*[Signature]*

28/11/16

Review

- Lt Corneal

Ulcer

fo - nil. Still  
no

not using  
more pain.

drops as indicated.

o/e R  
enlarged eye



epithelial  
defect.  
ulcer healing



# INTER-STAR EYE CLINIC & LASER CENTRE

NAME:.....

CARD NUMBER:.....

DATE:.....

PLAN  
Gutt Ciloxan LE 2hly  
Gutt Refresh Tears LE qid  
See 1/2 CT

5/12/16

lt  
enlarged  
eye

lt



PSEB

ulcer healed

PLAN  
Gutt Ciloxan LE qid  
Gutt Refresh Tears LE qid  
Oc Betadrol LE nocte  
See 1/2

3/1/17

non-prescription  
① amphotericin  
② amleem slow

Plan: - At. nether tears LE Q10  
- OC - Epidipm LE nocte

See  $4/12$  ——— Dr. Brannan